

Virgin Islands Department of Education
RAPHAEL O. WHEATLEY SKILL CENTER
 Post-Secondary Career and Technical Education Institute
 P. O. Box 9337, St. Thomas, V.I. 00801
 Phone: (340) 774-6277 Fax: (340) 777-5444

HEALTH CERTIFICATE

SECTION I – TO BE COMPLETED BY PATIENT

I. Name: (Please print legibly) _____
 Birth Date: _____ Sex: _____
 Address: _____
 Home Phone: () _____ Cell #: () _____ Work #: () _____

SECTION II: TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination: _____	Results of physical examination: Normal () Yes () No
	Height: _____ Weight: _____

I. **GENERAL APPEARANCE:** (Place a check mark (✓) next to those that apply)

Nutrition _____	Nose _____	Lungs _____	Malformation _____
Head _____	Throat _____	Abdomen _____	Chest _____
Eyes _____	Heart _____	Genitalia _____	Tonsils _____
Ears _____	Adenoids _____	Skin _____	Teeth _____

II. **IMMUNIZATIONS:** Patient should present Immunization Record to make sure up-to-date. (Mandatory)

Hepatitis B: Dates (1) _____ (2) _____ (3) _____
 MMR: 1. _____ 2. _____ Varicella 1. _____ 2. _____ TDAP _____
 Tuberculosis Test (TB): Type _____ Date _____ Results _____ Other _____
(Current PPD, read & dated within the past six months) (If positive PPD, X-Ray required)

III. **HISTORY OF DISEASES/PERSONAL HEALTH INFORMATION:**

Diabetes _____	Heart Disease _____	Allergies _____
Asthma _____	Hypertension _____	Measles _____
Epilepsy _____	Strep Infection _____	Infectious Mononucleosis _____
Mumps _____	Chicken Pox _____	Other _____

Any other existing allergies/sensitivities (please indicate) _____

Laboratory Findings: (Optional)

Tuberculin Test _____	Hematocrit _____	Urinalysis _____
Stool _____	Sickle Cell _____	Hemoglobin _____

() I have examined the patient listed above and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all school activities/classes, unless noted above.

Name of Health Care Provider	Address of Health Care Provider
Signature/Date	Phone Number of Health Care Provider