

**History and Physical Report**  
**Saul Mirowitz Jewish Community School**

The **School requires a physical examination** at the time a **child first enrolls** and **when entering Kindergarten, 4<sup>th</sup> and 7<sup>th</sup> grade**. The physical exam must have been done by the child's health care provider and dated on or after August 1<sup>st</sup> of the previous year to be valid for this school year.

**PARENT SECTION**

**State law requires complete immunizations records. Please attach a record from the child's health care provider. Month, day, and year must be provided for all immunizations, including infant series.**

School \_\_\_\_\_ Grade \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Child's Primary Health Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Health History: Enter the year(s) in which your child had:

ASTHMA \_\_\_\_\_ MUMPS \_\_\_\_\_ CHICKENPOX \_\_\_\_\_

ANEMIA \_\_\_\_\_ MENINGITIS \_\_\_\_\_ TUBERCULOSIS \_\_\_\_\_

ALLERGIES \_\_\_\_\_ SEIZURES \_\_\_\_\_ DIABETES \_\_\_\_\_

HEART PROBLEMS \_\_\_\_\_ HEPATITIS A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

Does your child wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_ Contacts? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Information: Please list any allergies, injuries, operations, serious illness, heart conditions, vision problems, hearing loss, and/or any other health information you feel would be helpful.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any dietary restrictions? (Please explain) \_\_\_\_\_

\_\_\_\_\_

Is your child taking medication at home? (Please list): \_\_\_\_\_

\_\_\_\_\_

Is your child currently under medical care for any health condition(s)? (Please explain) \_\_\_\_\_

\_\_\_\_\_

**The reverse side of this form is to be completed by the child's health care provider. Once completed, this form and the immunization record are to be mailed or faxed to the School.**

