PPS-2P Rev.2/98

STUDENT'S PERMANENT HEALTH RECORD

1. PERSONAL DATA Name (Last) (First) (Nickname)	Birthday Mo. Day Yr.	ID Number (Pencil Only)
Sex M F Race □ White □ Black □Asian □American Indian □ Hispanic □ Multi-Racial □ Other	Parent or Guardian: Name:	
Address: (pencil only)	Phone: Home (pencil only) ( )	Work ( )
2. HEALTH STATUS DATA: List significant health problems (e.g. developmental or physical disabilities, seizure disorders, allergies, diabetes, etc.)	8. SPECIAL HEALTH CONSIDERATIONS (e.g. hearing aids, emergency medical plan, medications, etc.) (pencil only)	

3. VISION SCREENING

	Far			Near			w/out	with	
Date	R	L	Both	R	L	Both	Glasses	Glasses	Comments
	20/	20/	20/	20/	20/	20/			
	20/	20/	20/	20/	20/	20/			
	20/	20/	20/	20/	20/	20/			
	20/	20/	20/	20/	20/	20/			
	20/	20/	20/	20/	20/	20/			
	20/	20/	20/	20/	20/	20/			
	20/	20/	20/	20/	20/	20/			
	20/	20/	20/	20/	20/	20/			
	20/	20/	20/	20/	20/	20/			

4. HEARING SCREENING

Date	Pure Tone	Impedence	Comments

9. IMMUNIZATIONS

Record of Immunizations – Enter date of each dose – Mo/Day/Year Important: Please refer to the box below for assistance in recording immunizations.

Vaccine	#1	#2	#3	#4	#5
DTP/DTaP	________	________	________	________	________
DT	________	________	________	________	________
OPV/IPV	________	________	________	________	________
Hib	________	________	________	________	________
Hepatitis B	________	________	________	________	________
MMR	________	________	________	________	________

Measles ________ Mumps ________ Rubella ________

(Please see section on MMR below).

MINIMUM DOSES OF REQUIRED IMMUNIZATIONS

DTP/DTaP	5 doses of either vaccine (if 4th dose is on/after 4th birthday, 5th dose is not required.)
DT	5 doses (if DT is recorded, medical exemption for pertussis must be on file.)
OPV/IPV	4 doses (if 3rd dose is on/after 4th birthday, 4th dose is not required.) At least 2 of the 4 Doses must be OPV.
Hib	If child is 5 or older, Hib is not required. If child is younger than 5, 3 doses and a booster Dose on/after 1st birthday are required. 1 dose on/after 15 mos meets this requirement.
Hepatitis B	3 doses required for all children born on/after 7-1-94.
MMR	Measles: 2 doses (separated by at least 30 days, with 1st dose on/after 1st birthday) are Required if child entered K-1 on/after 7-1-94; 1 dose if child entered earlier. Mumps/Rubella: 1 dose of each (on/after 1st birthday) completes this requirement. Vaccines for these three diseases are usually given in combination as MMR; however, if 1 dose measles – only vaccine was given on/after 1st birthday and 1 dose MMR was given at least 30 days later, no more MMR is required.

Medical Exemption on File ________________ Religious Exemption on File ________________

(If student claims either exemption, the school must place a valid exemption statement in the student's permanent record. Consult your health department for additional instructions.)

I CERTIFY THIS CHILD HAS RECEIVED THE IMMUNIZATIONS AS DOCUMENTED ABOVE.

____

Signature   Title   Date

5. SCOLIOSIS SCREENING	Date	Results	Comments	Date	Results	Comments		
6. BLOOD PRESSURE	Date	Results /	Comments	Date	Results /	Comments	Date	Results /	Comments
7. DENTAL SCREENING	Date	Results/Comments	Date	Results/Comments	Date	Results/Comments	Date	Results/Comments

10. NARRATIVE NOTES				
Date	Problem	Findings (Subjective and Objective)	Action(s) Taken	Signature/Title