DIOCESE OF CHARLOTTE
STUDENT HEALTH RECORD

SCHOOL				GRADE
NAM E(LAST)	(FIRST)	(MIDDLE)	BIRTH DATE	SEX
FATHER AND MOTHER (MAIDEN NAME) OR GUARDIAN				
ADDRESS		CITY/STATE		ZIP

RECORD OF IMMUNIZATION (Enter date of EACH dose - Mo/Day/Year)

VACCINE	#1	#2	#3	#4	#5
DTP/DTaP					
Tdap					
POLIO					
Hib					
MMR			HEPATITIS B	SERIES	
MEASLES			#1	#2	#3
MUMPS			VARICELLA	#1	#2
RUBELLA			MCV	#1	#2
PCV					

STATE LAW REQUIRES MINIMUM DOSES FOR EACH VACCINE (SEE REVERSE)
NOTE: Exemptions from NC State Immunization Law require that a statement must be on file in student's permanent record. Exemptions must meet requirements of the law. Medical_______

HEIGHT__________ WEIGHT__________ BP__________LAB REPORT__________

VISUAL ACUITY (R)__________ (L)__________ W/O GLASSES/CONTACTS

HEARING PASS__________ FAIL__________

PHYSICAL EXAM	NORMAL	ABNORMAL	PHYSICIAN'S COMMENTS
NUTRITION			
SKIN AND SCALP			
ENT			
TEETH			
EYES			
HEART			
LUNGS			
ABDOMEN			
ORTHOPEDIC			
NEURO			

CHECK BOX	PRESENT	ABSENT	PHYSICIAN'S COMMENTS
EMOTIONAL/MENTAL BEHAVIOR PROBLEM			
PHYSICAL HANDICAP-LIMITS ACTIVITY			
RESTRICTION NEEDED			
ENCOURAGE PARTICIPATION			
OTHER HANDICAP/DISABILITY:			
SEIZURES			
ALLERGIES			
ON MEDICATION (SPECIFY)			
FOLLOW-UP RECOMMENDED			

☐ **Cleared - I certify that I have examined the above named student and that such exam reveals no condition that would prevent this student from participating in interscholastic sports or physical education classes.**

☐ **Not cleared. If student not qualified, list reasons.** ____

DATE of EXAM__________ PHYSICIAN'S SIGNATURE____

Physician's Address____

Revised 10/14