



# SAINT IGNATIUS

Cleveland • Jesuit • 1886

- Must be completed by a HEALTHCARE PROFESSIONAL.
- Must include an up to date IMMUNIZATION RECORD.
- Return by mail attention to Mrs. Shannon Fujimura, by email to [sfujimura@ignatius.edu](mailto:sfujimura@ignatius.edu), or drop off in the Admissions Office.

## SAINT IGNATIUS HIGH SCHOOL PHYSICAL EXAMINATION FORM

**\*\*PLEASE READ BEFORE YOUR APPOINTMENT\*\***

If your student has any of the health concerns indicated below\* or will carry an inhaler, will carry epinephrine, will take medications at school, or will require an emergency action plan, please print out in advance and have the healthcare provider complete and sign the **additional medical forms** related to your student's condition that are found at [www.ignatius.edu/welcome2022](http://www.ignatius.edu/welcome2022) in the Health & Wellness section.

Student Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ ID#: \_\_\_\_\_  
 (last, first, middle initial)

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ BMI% \_\_\_\_\_ Intervention \_\_\_\_\_ B/P \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_

Vision: L \_\_\_\_\_ R \_\_\_\_\_ referred \_\_\_\_\_ Hearing: L \_\_\_\_\_ R \_\_\_\_\_ referred \_\_\_\_\_

System	Findings: Normal / Abnormal + Explanation
Gross dental(teeth -gums)	
Head/scalp/skin	
Eyes/Ears/Nose/Throat	
Chest/Lungs/Heart	
Abdomen	
GI, hernia	
Musculoskeletal, scoliosis	
Neurological	

This student has **additional history/medical concerns**, e.g. chronic/major illnesses, hospitalization, surgeries, allergies, or a condition that requires medication during school hours.\* Please explain:

\_\_\_\_\_

This student has a **health condition that may require emergency action at school**, e.g. seizures, serious allergies, asthma, diabetes.\* Please explain:

\_\_\_\_\_

This student requires **medication at school**.\* Please list medications:

\_\_\_\_\_

### Please check one:

This student may participate fully in all school activities including physical education.

This student needs a restriction/adaptation to participate in school activities include physical education. Please explain the reason and the restriction(s):

\_\_\_\_\_

Healthcare Provider Signature \_\_\_\_\_ Phone number ( \_\_\_\_\_ ) \_\_\_\_\_

OFFICE STAMP \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_



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**SAINT IGNATIUS HIGH SCHOOL IMMUNIZATION RECORD**

INSTRUCTIONS: All students new to Saint Ignatius High School are required to have an up to date immunization record on file with the school in order to be able to attend classes. A copy of the immunization record from your physician's office is acceptable or you may have your physician complete the form below.

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_ ID#: \_\_\_\_\_  
(last, first, middle initial)

**IMMUNIZATION HISTORY**

DPT/DTAP 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

TDAP/TD (since age of 10) 1. \_\_\_\_\_ 2. \_\_\_\_\_

POLIO 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

MMR 1. \_\_\_\_\_ 2. \_\_\_\_\_

HEPATITIS A 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

HEPATITIS B (HBV) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

VARICELLA (chicken pox) 1. \_\_\_\_\_ 2. \_\_\_\_\_

MCV4 (meningococcal) 1. \_\_\_\_\_ (before age 16) 2. \_\_\_\_\_ (after age 16)

HEMOPHILIA INFLUENZA (HIB) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

HPV 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

TUBERCULIN TEST Date \_\_\_\_\_ Type \_\_\_\_\_ Results \_\_\_\_\_

Other: \_\_\_\_\_

**LIST ANY CONTAGIOUS DISEASES CONTRACTED**

Disease \_\_\_\_\_ Date \_\_\_\_\_

Disease \_\_\_\_\_ Date \_\_\_\_\_

**Healthcare Provider Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Healthcare Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_