

**CENTRAL CATHOLIC HIGH SCHOOL
LAWRENCE MASSACHUSETTS**

To be completed by Provider

NAME _____ DATE OF BIRTH _____

VACCINE	DATE		VACCINE	DATE		VACCINE	DATE		Chickenpox History		
DtaP/DTP/ DT	1		OPV/IPV	1		HIB	1		O check for reliable history of chickenpox - physician interpretation of parent description of chickenpox, - physical diagnosis of chickenpox, or - serological proof of immunity		
	2			2			2				
	3			3			3				
	4			4			4				
	5			5			5				
Tdap	1		Hepatitis B	1		Gardasil/ HPV	1		Meningococcal Menactra/Menveo	1	
		2			2			2			
Varivax	1			3			3		Meningitis B		
	2										
MMR	1		Hepatitis A	1					OTHER		
	2			2							

Tuberculin test or low risk assessment is required for all new enterers (within 1 year of entry)

Tb risk factors (exposure, travel to TB countries, foreign born parent): _____ Med-High risk _____ Low risk
 (check which applies, if med- high risk must have Tb test)

PPD date _____ PPD reading date _____ PPD Results _____ mm

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Significant Illness/ Injury /History/Allergy

Eyes R 20/ _____ L 20/ _____ Glasses Y / N Ears R _____ L _____

Nose _____ Mouth _____ Teeth _____ Throat _____

Skin _____ Lungs _____ Heart _____ Genitalia _____

Abdomen _____ Liver _____ Spleen _____ Hernias _____

Posture/Spine _____ Neck _____ Musculoskeletal _____ Neurological _____

Able to participate in Athletics/Sports _____ YES _____ NO Limits _____ YES _____ NO

Specific Recommendations for Participation _____

DATE OF EXAM _____ **Provider's Name** _____
 PLEASE PRINT

PROVIDER'S SIGNATURE _____