

Name _____
 (Last) (First) (Middle)

Birthdate _____ Gender _____ Grade _____ ID# _____



MINNEAPOLIS
PUBLIC SCHOOLS
Urban Education. Global Citizens.

6th – 12th Grade HEALTH EXAMINATION

* TYPE of VACCINE	1 st Dose MM/DD/YY	2 nd Dose MM/DD/YY	3 rd Dose MM/DD/YY	4th Dose MM/DD/YY	5 th Dose MM/DD/YY
DTaP (Diphtheria, Pertussis, Tetanus)					
Td/Tdap (Tetanus, Diphtheria booster)					
POLIO (IPV, OPV)					
HEPATITIS B (HBV)					
MMR (Measles, Mumps, Rubella)					
VARICELLA (Chickenpox)					
Meningococcal (MCV)					
Human Papillomavirus (HPV)					
Other: (Specify)					

Legal Exemptions on backside.

Shaded immunizations are not required for school.

Height _____ ins. Weight _____ lbs. BMI _____ Blood Pressure _____/_____

Vision R 20/____ L 20/____ Corrected: yes no

Hearing: Normal Abnormal Hearing aid(s): yes no

	500 (25)dB	1000 (20)dB	2000 (20)dB	4000 (20)dB
Right				
Left				

	Date	Results
Hemoglobin/Hct		
Urinalysis		
Tuberculin (PPD)		mm
Chest x-ray		
Blood lead level		µg/dL

Allergies: _____

	Normal	Abnormal
Eyes		
Ears		
Mouth - dental		
Throat		
Nose		
Lymph nodes		
Thyroid		
Heart		
Pulses		
Lungs		
Abdomen		
Hernia	<input type="checkbox"/> no	<input type="checkbox"/> yes
Genito-urinary		
Tanner staging (circle one) I, II, III, IV, V		
Musculoskeletal		
Spine		
Extremities		
Skin		
Neurological		
Nutritional status		
Emotional status		
Behavior		

► REQUIRED FOR SPORTS

Any student who intends to participate in interscholastic athletics and/or cheerleading activities must have on file in the school, a record of a physical examination performed by a licensed health professional within the previous three years, with an indication of permission to participate in inter-school athletics.

	Permitted	Restricted	Restricted activity
Physical ed. class			
All Inter-school athletics			
Collision Contact Sports			
Limited Contact Sports			
Non-contact Sports			

A copy of the official MN High School League Physical form can be printed at: <http://athletics.mpls.k12.mn.us>

There is a condition that may result in an emergency: yes no
(if yes, elaborate below)

There is a condition that may interfere with learning: yes no

Describe any abnormal findings or chronic conditions.

Health Concerns	Medication/Treatment/Referral Plan	Recommendations for School

Note: a separate form is required for all medications and treatments to be administered at school.

Signature and title of health care provider

Print name

Date of physical exam

Clinic name

Phone

Fax

LEGAL EXEMPTIONS TO MINNESOTA SCHOOL IMMUNIZATION LAW

Medical exemption: No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a licensed healthcare provider must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was either laboratory confirmed, or in the case of varicella, medically diagnosed or adequately described to me by the parent to indicate past varicella infection.

Exempted immunization(s):

For varicella (chickenpox) disease only: Year of disease _____

Signature of Healthcare provider/Public Health Clinic

Date

Conscientious exemption: No student is required to have an immunization which is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. To receive this exemption, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that immunization for my child is contrary to my conscientiously held beliefs. Indicate vaccine(s): _____

Signature of parent or legal guardian

Date

Subscribed and sworn to before me this _____ day of _____ 20____

Signature of notary

Additional exemptions:

- **Children less than 7 years of age:** The 5th dose of DTaP/DTP/DT (similarly, the 4th dose of polio vaccine) is not necessary if the 4th DTaP/DTP/DT (3rd dose of polio) was administered after the 4th birthday.
- **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- **Students in grades 7-12:** A Td or Tdap booster at age 11 years or later is not required for students in grades 7-12 whose most recent Td was given after their 7th birthday but before their 11th birthday. Instead, it will be required 10 years after the date of the most recent dose.
- **Students 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for those students who provide documentation of the alternative 2-dose schedule.
- **Students 10 years or older:** May receive Tdap to fulfill the Td requirement for students in grades 7-12.
- **Students 18 years of age or older:** Do not need polio vaccine.