Saint Joseph School, 305 Elm Street, Oradell, NJ 07649

HEALTH HISTORY AND APPRAISAL

Name of Child (Last, First, M.I.)	Date of Birth (Mo/Day/Yr)	Sex ☐ Male ☐ Female

PARENT OR GUARDIAN	NAME	TELEPHONE NO.
	ADDRESS	

VACCINE TYPE	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination ** (If Td or DT, indicate in corner box)*					
Tdap					
POLIO – INACTIVATED POLIO VACCINE (IPV) *If oral vaccine, indicate (OPV) in corner box*					
MEASLES, MUMPS, RUBELLA (MMR)					
HAEMOPHILUS B (HIB)**					
HEPATITIS B					
VARICELLA					
PNEUMOCOCCAL CONJUGATE **					
MENINGOCOCCAL					
HEPATITIS A ***					
HPV (HUMAN PAPILLOMAVIRUS) ***					
OTHER					

LEAD SCREENING	
Test Date	Result

Document below single antigen vaccine receipt, serology titers, or varicella disease history

Hepatitis B	Date:	Titer:
Varicella	Date:	Titer:
Measles	Date:	Titer:
Mumps	Date:	Titer:
Rubella	Date:	Titer:

☐ Provisional admission attached–Date Granted:_____ ☐ Medical exemption attached ☐ Religious exemption attached

HISTORY	YEAR	HISTORY	YEAR	HISTORY	YEAR	HISTORY	YEAR
ALLERGIES		DRUG ALLERGIES		NEUROMUSC. DISORDER		AUTISM SPECTRUM DISORDERS	
ASTHMA		HEART DISEASE		CHRONIC OTITIS MEDIA		HEMATOLOGICAL DISORDERS	
CONGENITAL DISORDER		HEPATITIS		AUTO IMMUNE DISORDERS		**OPERATIONS OR INJURIES**	
CONVULSIVE DISORDER		LYME DISEASE		STREP INFECTIONS			
DIABETES		MONONUCLEOSIS		JUVENILE RHEUMATOID ARTHRITIS			

PHYSICAL REPORT: Grade _____ Age _____

HT _____ WT _____ BP _____ Maturity Stage _____

With correction

Eyes without R 20/_____ L 20/ _____ Ears _____ Hearing R _____ L _____

Respiratory _____

Cardiovascular _____

Liver _____ Spleen _____ Hernia _____

Musculoskeletal _____ Skin _____

Scoliosis Screen _____

Laboratory: Urine _____ Hgb/Hct _____

Comments:

_____ _____

Physician's Signature Date of Examination

_____

Phone No.

MINIMAL IMMUNIZATION REQUIREMENTS

3 year old preschooler:

4 doses DTaP
3 doses Polio
1 dose MMR* (after 1st birthday)
1 dose Hib* (after 1st birthday)
1 dose Pneumococcal* (after 1st birthday)
1 dose Varicella* (after 1st birthday)
3 doses Hepatitis B
****1 dose Influenza****
(Given between Aug. & Dec. 31st of current year)

MINIMAL IMMUNIZATION REQUIREMENTS

5 year old kindergartener:

5 doses DtaP
4 doses Polio
2 doses MMR* (after 1st birthday)
1 dose Varicella* (after 1st birthday)
3 doses Hepatitis B

IMMUNIZATION UPDATES

Grade 6

1 dose TdaP* (after 10th birthday)
Meningococcal Vaccine

PHYSICAL EXAM REQUIREMENTS

A current physical exam (given within the current year) is required for the following students:

PreK3/PreK4 (first year of school entry)
Kindergarten
3rd Grade
6th Grade

Any student transferring into St. Joseph School from another school/state/country
**In addition, international students are required to show proof of a PPD with a negative result prior to admission.