

**Mount Saint Dominic Academy
Caldwell, New Jersey**

MEDICAL FORM

TO BE FILLED OUT BY PARENT OR GUARDIAN. PLEASE TYPE OR PRINT.

STUDENT'S NAME _____
(LAST) (FIRST)

ADDRESS _____
(NUMBER & STREET) (CITY) (STATE) (ZIP)

BIRTHDATE _____ PLACE OF BIRTH _____

FATHER'S NAME _____ HOME PHONE _____
BUSINESS PHONE _____

MOTHER'S NAME _____ HOME PHONE _____
BUSINESS PHONE _____

PERSON TO BE CONTACTED IN THE EVENT OF AN EMERGENCY, IF NEITHER PARENT
CAN BE REACHED:

NAME _____ HOME PHONE _____
BUSINESS PHONE _____

FAMILY HISTORY

AGE AND HEALTH, IF LIVINGS, OR CAUSE OF DEATH:

FATHER _____

MOTHER _____

BROTHERS _____

SISTERS _____

PERSONAL HISTORY & PERMISSION FORM

ANY OPERATIONS, SERIOUS CHRONIC ILLNESSES, INJURIES _____

ANY ALLERGIES: _____

LIST ANY PRESENT MEDICATIONS: _____

THE SCHOOL HAS PERMISSION TO ADMINISTER TYLENOL OR ADVIL WHEN DEEMED
NECESSARY BY THE SCHOOL NURSE. YES NO

**AS PARENT OR GUARDIAN OF THE ABOVE NAMED STUDENT, I GIVE MY PERMISSION TO
THE AUTHORITIES OF MT. ST. DOMINIC ACADEMY TO INITIATE OR SEEK EMERGENCY
CARE SHOULD SHE BECOME SICK OR INJURED. TO THE HOSPITAL I GRANT PERMISSION
FOR THE PERFORMANCE OF SUCH OPERATION AND/OR PROCEDURE, AND/OR
MEDICATIONS AND/OR ANESTHESIA, AS DEEMED NECESSARY IN A LIFE THREATENING
SITUATION. ALSO, TO RELEASE THIS RECORD REQUESTED BY PROFESSIONAL
INDIVIDUALS AND AGENCIES.**

SIGNED _____ RELATIONSHIP _____

**Mount Saint Dominic Academy
Caldwell, New Jersey**

PHYSICAL FORM – TO BE FILLED OUT BY PHYSICIAN

STUDENT'S NAME _____ BIRTHDATE _____
GRADE _____ AGE _____ WEIGHT _____ HEIGHT _____
HEART RATE _____ B.P. _____
EYES: R:20/ _____ L:20/ _____ GLASSES _____ CONTACTS _____
EARS: R:20/ _____ L:20/ _____
EAR, NOSE, THROAT _____ SKIN _____
RESPIRATORY _____ CARDIOVASCULAR _____
ABDOMEN _____ NEUROLOGICAL _____
SCOLIOSIS _____ ALLERGIES _____
MEDICATIONS PRESENTLY TAKING _____
ANY OPERATIONS, SERIOUS INJURIES OR ILLNESSES IN THE PAST 3 YEARS: _____

IS THIS STUDENT PHYSICALLY FIT TO ENGAGE IN:

1. PHYSICAL EDUCATION CLASSES	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. INTERSCHOLASTIC ATHLETICS	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ANY LIMITATIONS _____

PHYSICIAN'S SIGNATURE _____ DATE _____ PHONE _____

TO BE FILLED OUT BY PARENT OR PHYSICIAN:

VACCINES:

DPT/DT SERIES: (MONTH, DAY, YEAR)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

POLIO:

1. _____ 2. _____ 3. _____ 4. _____

MMR:

1. _____ 2. _____

MEASLES, LIVE 1. _____ 2. _____ HAD DISEASE _____
(MUST BE AFTER 1 YEAR OF AGE)

RUBELLA, LIVE 1. _____ 2. _____ HAD DISEASE _____

MUMPS, LIVE 1. _____ 2. _____ HAD DISEASE _____

HAEMOPHILUS B (HIB): _____

HEPATITIS B: 1. _____ 2. _____ 3. _____

TUBERCULLIN (MANTOUX) _____

(Must be in past year)

Dear Parent or Guardian,

According to the State of New Jersey, **a current physical examination by a physician must be on file** for all new students entering our school, which includes all Freshmen and transfer students, and also for all students in their Junior year. We also require that all students who participate in any sports activity, regardless of grade level, have a current physical examination attesting to their fitness to participate. All physicals must be in the office of the School Nurse **not later than September 1**. If this is not done, your daughter will be sent home from school and will be denied participation in schoolwork and/or sports until a current physical is obtained.

State regulations also require that immunization be given within established guidelines. These include, in addition to the full set of immunizations given during childhood:

Measles:	Initial immunization after the 1 st birthday. Reimmunization is required if this was not done.
Mantoux:	Discuss with your physician.
Tetanus:	Recommended every 10 years.
Hepatitis B:	Immunization mandated by the state, series of three.

Adolescence is a time of change both physically and emotionally. I would like to suggest several things to review with your physician. Please ask him/her to check your daughter for scoliosis. Discuss any menstrual irregularities. Some of the girls have incapacitating cramps which they need not suffer. Discuss the necessity for cholesterol testing in accordance with your own family histories. I also encourage you to evaluate with your daughter the level of stress in her life. Many of our girls are very stressed, for many reasons, and it is not too early to address this. Some of the physical symptoms caused by stress are headaches, stomachaches, inability to sleep, over or under eating, and fatigue. These cause time to be missed from school, either in my office or at home. Also evaluate the necessity for a visit to the eye doctor and dentist. Many times these two items are overlooked. By addressing these many issues during the summer we may be able to reduce absenteeism during the year.

I appreciate your cooperation. By working together, I am sure your daughter will have a happy, healthy and fulfilling experience here at the Mount. If you have any questions, please do not hesitate to contact me.

Sincerely,

Denise Lenihan, R.N.
School Nurse
Mount Saint Dominic Academy