

STUDENT PHYSICAL AND IMMUNIZATION REQUIREMENTS

Physical Examination Report

This physical exam report is to be completed by the physician performing the physical exam. **A physical is required for all 9th grade students. A physical must be preformed for all 11th grade students playing a sport. This is to comply with UIL standards.** While a physical exam is optional for 7th grade students, vision, hearing and scoliosis screenings are required by the State. Parents may have their physician perform the vision, hearing and scoliosis screening on their child. If the results are not turned in to the Health Center by the beginning of school, the SSES medical staff will administer the screenings at a charge of \$20 per test. Students in grades not listed above are not required to have a physical examination.

Immunization Record

The **State of Texas Health Department** requires St. Stephen's to have a complete and current immunization record on each student. You will be notified by the Health Center if your child's current file is not complete and up to date. Any **new required immunizations** received by your child since their last physical must be listed on the new physical examination report and should include the month/day/year in which it was given. Immunization records with only the year or series are **not** acceptable. Please be sure that your child's measles, tetanus, polio and hepatitis immunizations are up to date, including the booster. If your child is a boarding student, the meningococcal vaccine is mandatory. If you are a boarders and have not had these vaccinations/tests, you must either receive them before you leave your home ore receive them from the St. Stephen's school physician at an extra charge within 30 days of arrival on campus.

In order for your child to attend sports camps or register for the first day of classes, the HealthCenter must have all medical forms on file. If you have any questions, please contact the Health Center at (512) 327-1213, extension 231.

MANDATORY IMMUNIZATIONS-any missing immunizations are due by March 1, 2008

The following vaccinations are required:

1. DPT (Diphtheria, Pertussis (Whooping Cough), Tetanus

You must have received three (3) or more doses of DPT, with the last dose being a booster and having been received on or after the fourth (4th) birthday. If ten (10) Years have elapsed since the last booster, a tetanus, diphtheria (TD) is required.

2. Polio

You must have received three (3) or more doses of Trivalent Oral Polio (Sabin) Vaccine (TOPV), with the last dose being a booster and having been received on or after the fourth (4th) birthday. The first two (2) doses must be separated by at least six weeks. A series of Inactivated Polio Virus (Salk) Vaccine (IPV) and appropriate boosters may be substituted for vaccination with the TOPV at the direction of a physician.

3. Measles

You must have received two (2) doses of Live Measles Virus Vaccine. The first dose must be after one (1) year of age, and the second no less than one month later. A proof of disease, verified with the date of illness and signed by a physician, or laboratory evidence of any detectable level of antibody is acceptable instead of immunization.

4. Rubella (German Measles)

You must have received one (1) Rubella vaccination after one (1) year of age. Proof of disease is not acceptable unless laboratory evidence is presented with any detectable level of antibody.

5. Mumps

You must have received one (1) Mumps vaccination after one (1) year of age. Proof of the disease verified by a physician is acceptable instead of immunization.

You must have had a vaccination or proof of disease from a laboratory with any detectable level of antibody. Parents may fill out the form below to verify your child's date of chickenpox or varicella disease.

7. **Hepatitis B**

This vaccination requires a series of three shots administered over an extended period of time. After the first shot, the second shot should be administered one month later. The third shot should be administered six months after the first shot is received. Please make arrangements as soon as possible to begin this process, if not completed.

8. **Meningitis- REQUIRED FOR BOARDING STUDENTS**

This vaccination is not required for day students; however, with the new CDC ruling, **boarding students are required** to receive this vaccination. The school will have any boarder vaccinated at the office of the school physician, Dr. Kerry Rhodes if the parents wishes to wait until arrival on campus. However, there is a charge for this vaccine.

9. **Tuberculosis – REQUIRED FOR INTERNATIONAL STUDENTS ONLY**

In addition to required vaccinations, you must have a tuberculosis (TB) skin test using the Intradermal Mantoux Method – not a multiple puncture test – within ninety (90) days prior to the opening of the school, unless you have had a negative test result within the last year. If you have had a positive skin test or have received BCG within the last five years, a copy of the CXR report (x-ray) is required.

Instructions for student's parents/guardians or physician documenting prior varicella illness:

This is to verify that _____ had varicella disease (chickenpox) on or about
Name of Student

_____ and does not need the varicella vaccine.
Date

Signature Relationship to student Date

Required for all 9th grade students and 11th grade sports students
STUDENT PHYSICAL EXAMINATION REPORT
 All Sections Must be Completed by Physician w/i the 2008 calendar year

Date of Exam _____

Student's Name _____ Birthdate _____ Gender ___M ___F

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Vision (R) 20/_____ (L) 20/_____ with correction _____ without correction _____

	Normal	Abnormal	Not Examined	Comments
1. Eyes				
2. Ears, Nose, Throat				
3. Neck (soft tissue)				
4. Mouth and Teeth				
5. Cardiovascular				
6. Chest and Lungs				
7. Abdomen				
8. Genitalia-Hernia				
9. Sexual Maturity				
10. Skin & Lymphatics				
11. Neck				
12. Spine (Scoliosis Screening)				
13. Shoulders				
14. Arms and Hands				
15. Hips				
16. Thighs				
17. Knees				
18. Ankles				
19. Feet				
20. Neurological				

Based on this history, vision screening, and physical exam, the following abnormalities were found and may need treatment.

1. _____ 2. _____ 3. _____

MANDATORY to be completed by physician. Based on this history and physical exam, is there any reason why this student should NOT participate in sports?

- Yes** If yes, explain on back.
- No**

IMMUNIZATION UPDATES: Names and dates of any new immunization boosters

Immunization and Date _____ / ____ / ____

Immunization and Date _____ / ____ / ____

PHYSICIAN'S VERIFICATION OF MEASLES/MUMPS ILLNESS

- Measles on or about _____
- Mumps on or about _____
- Varicella (chickenpox) on or about _____

OPTIONAL LABORATORY TESTS

- 1. Hemoglobin/Hematocrit _____ / _____
- 2. Urinalysis _____
- 3. Other: _____
- 4. No lab done _____

Hz	250	500	1000	2000	4000	6000	This test must be performed at 25 decibels.
R							
L							

Physician's Signature _____

Date _____

Physician's Name (Typed or Printed) _____

Physician's Address _____

Office Telephone (_____) _____ Street _____ City _____ State _____ Zip+4 _____

