

# RETURNING STUDENT REQUIREMENTS

## Physical Examination Report

The Physical Exam Report is to be completed by the physician performing the physical exam. The laboratory tests are optional. **A physical is required for all 9<sup>th</sup> grade students. A physical must be preformed for all 11<sup>th</sup> grade students playing a sport. This is to comply with UIL standards.** While a physical exam is optional for all 7<sup>th</sup> 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 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 a physician 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 or Middle School student, the meningococcal vaccine is mandatory. If you are a boarder and have not had these vaccinations/tests, you must either receive them before you leave your home country or 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 Health Center 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, 2010**

The following vaccinations are required:

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

Three doses plus 1 booster, including one dose on or after the 4th birthday. Students in grades 6 and 7 will be required to have a booster dose of Tdap only if it has been five years since their last dose of tetanus containing Vaccine. After seventh grade, students will be required to have a booster dose of Tdap only if it has been ten years since their last dose of tetanus containing Vaccine. Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.

### **2. Polio**

4 doses of polio vaccine one of which must have been received on or after the 4th birthday; however, 3 doses meet the requirements if the 3rd dose was received on or after the 4th birthday.

### **3. MMR**

Two doses of MMR vaccine with the 1st dose on or after the 1st birthday. Serologic confirmation of immunity to measles, mumps or rubella or serologic evidence of infection is acceptable in lieu of vaccine.

### **4. Chicken Pox (Varicella)**

Two doses received on or after the 1st birthday. Serologic confirmation of immunity to varicella or serologic evidence of infection is acceptable in lieu of vaccine. Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian stating the date the child had the varicella disease.

### **7. Hepatitis B**

Three doses of this vaccination are required unless the following type is given by your physician. Two doses of adult hepatitis B vaccine (Recombinax) are acceptable for individuals 11-15 years of age. Dosage and type of vaccine must be clearly documented (two 10 mcg/1.0 mls of Recombivax) Serologic confirmation of immunity to hepatitis B or serologic evidence of infection is acceptable in lieu of vaccine

### **8. Meningitis - REQUIRED FOR ALL BOARDING STUDENTS & ALL STUDENTS GRADES 6-8**

The State now requires students 8th grade and below to have one dose of this vaccine. Boarders must have the vaccine. If the parent wishes, the school will arrange this important immunization for any boarder if they have not received this vaccine upon arrival to campus. However, there is a charge for this vaccination.

### **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 (xray) is required.

**Required for all 9<sup>th</sup> grade students and 11<sup>th</sup> grade sport students**

**STUDENT PHYSICAL EXAMINATION REPORT**

All Sections Must be Completed by Physician within the 2010 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 a 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) \_\_\_\_\_ Office Telephone (    ) \_\_\_\_\_

Physician's Address \_\_\_\_\_

Street

City

State

Zip+4

**PHYSICAL EXAM TO BE RETURNED BY March 1, 2010**

## Day Student Medication Permission Form

**NON-PRESCRIPTION MEDICATION:** If you want your child to receive a non-prescription medication such as Tylenol, the parents **must bring the medication in its original container** along with a permission note. *By State law, the nurses cannot issue OTC medications to day students. Students are not allowed to dispense their own medications.* These OTC bottles must be labeled with the child's name and the proper permission forms must be on file with the nurses.

**PRESCRIPTION MEDICATION:** All medications must be: (1) in their original containers; (2) be properly labeled from the pharmacy; (3) contain current dosage information; and (4) be taken to the infirmary by the parent accompanied with a permission form. We are required to dispense your child's prescription medication exactly as your Doctor ordered.

- **One form must be completed for each medication. Multiple medications cannot be listed on one consent form.**
- **Parents may complete the form for non-prescription medications and prescription medications that are given 10 days or less.**
- **The child's health care provider MUST complete the form for long-term medications or when dosage directions state "consult a physician." Dosage administration of insulin requires the health care provider complete the form.**

Child's first & last name \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of medication (including strength) \_\_\_\_\_

Amount/dosage to be given: \_\_\_\_\_ Route of Administration \_\_\_\_\_

Frequency to be administered: \_\_\_\_\_ or Identify the symptoms that will necessitate administration of medication: (signs & symptoms must be observed when possible / measurable parameters):

Possible side affects / Any known allergies: \_\_\_\_\_

What action should the health care provider take if side effects are noted:

Contact parent     Contact prescriber at phone number provided below    or     Other (describe):

Additional special instructions: (include concerns related to possible interactions with other medications the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies, or an pre-existing conditions. Also describe situations when medication should not be administered:

Reason the child is taking the medication: \_\_\_\_\_

Date consent form completed: \_\_\_\_\_ Date to be discontinued or length of time in days to be given: \_\_\_\_\_

Prescriber's name (please print): \_\_\_\_\_ Prescriber's Phone Number: \_\_\_\_\_

Licensed authorized prescriber's signature: \_\_\_\_\_  
(Required for Long-term medication or when dosage directions state "consult a physician.")

Parent signature: \_\_\_\_\_

**Inhaler Permission:** My child \_\_\_\_\_, has my permission to carry his/her asthma inhaler(s) and to use as prescribed by their physician. I understand that my child is responsible for the proper use of his/her inhaler medication(s) and that their use will not be monitored by the St. Stephen's medical staff.

**Due March 1, 2010**

**Patient Information**  
**GROUP IMMUNIZATION**  
**INFLUENZA (FLU) VACCINE for 2010-2011**

**Flu**

Influenza (flu) is a respiratory disease caused by influenza virus infection. The types of strains of influenza virus may change from year to year, or even within the same year. People who get flu may have chills, fever, headache, dry cough and muscle aches and may be sick for several days to a week or more. Most people recover completely. However, for some people, flu may be especially severe, and pneumonia or other complications, including death, may develop.

**Flu Vaccine**

The regular flu vaccine contains killed influenza virus of the types selected by the U.S. Public Health Service and the Center for Biologics Evaluation & Research of the Food and Drug Administration. The types or strains of virus included are those which have most recently been causing influenza. The vaccine will not give you flu because it is a killed virus vaccine.

**Risks and Possible Side Effects**

Influenza vaccine generally causes only mild side effects that occur at low frequency. Most commonly, the reactions may be a sore or tender arm at the injection site, or possibly fever, chills, headache or muscle aches. These effects usually last 24 to 48 hours. Most people who receive the vaccine either have no or only mild reactions. There is a possibility, as with any vaccine administration that an allergic or other serious reaction, or even death, could occur. Moreover, untoward medical events completely unrelated to vaccine administration may occur coincidentally in the aftermath period following vaccination.

Unlike the 1976 swine influenza vaccine, flu vaccines used subsequently have not been clearly associated with an increased frequency of Cullain-Barr Syndrome, which is associated with paralysis.

**Special Notice**

Check with a physician if vaccination is being considered for:

1. Children under 3 years of age;
2. Pregnant Women;
3. People allergic to eggs, chicken, or chicken feathers;
4. People sensitive to thimerosal;
5. People who have an allergic neurologic disorder;
6. People who have received another type of vaccine during the past 14 days;
7. People with a fever, acute respiratory or other active infections or illnesses.

If you have questions, please ask now or check with a physician or your health department before receiving the vaccine.

If you experience any significant reactions, see your physician.

I have read the above information about influenza and the influenza vaccine and I have had a chance to ask questions. I understand the benefits and risks of influenza vaccination and request that the vaccine be given to the person named below for whom I am authorized to sign.

I understand I will be charged a fee of \$25 for this vaccine. I further understand that I must pay this charge even if I later decide to waive the flu shot, to cover the school's cost for ordering the vaccine at my request.

Information – Person to Receive Vaccine	For Clinic Use				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Birthdate</td> <td style="width: 40%; border-bottom: 1px solid black;">Age</td> </tr> </table>	Name	Birthdate	Age	Name of Clinic	
Name	Birthdate	Age			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Address – Street</td> <td style="width: 15%; border-bottom: 1px solid black;">City</td> <td style="width: 15%; border-bottom: 1px solid black;">State</td> <td style="width: 30%; border-bottom: 1px solid black;">Zip</td> </tr> </table>	Address – Street	City	State	Zip	Date of Vaccine
Address – Street	City	State	Zip		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">X Signature (Person receiving vaccine or Parent or Guardian)</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> </table>	X Signature (Person receiving vaccine or Parent or Guardian)	Date	Manufacturer or Loc.		
X Signature (Person receiving vaccine or Parent or Guardian)	Date				
	Site of Injection				
	Chronic Disease (circle one) Yes or No				