

PLEASE PRINT/TYPE

CERTIFICATE OF CHILD HEALTH EXAMINATION

INFORMATION ON THIS FORM MAY BE SHARED WITH APPROPRIATE PERSONNEL OR HEALTH AND EDUCATIONAL PURPOSES)

PUPIL'S NAME: LAST FIRST MIDDLE BIRTHDATE MO DAY YR SEX M F GRADE LEVEL:

ADDRESS: STREET CITY ZIP CODE HOME WORK SCHOOL: PARENTS TELEPHONE: /

PARENT OR GUARDIAN: ADDRESS:

MEDICAL HISTORY section including immunization records, clinical diagnosis, and physician signature area.

TO BE COMPLETED BY PHYSICIAN PHYSICAL EXAMINATION

Table for physical examination with columns for Valuation (Normal/Abnormal), Follow-up - Comment, and Abnormal Result.

ON THE BASIS OF THIS EXAMINATION ON THIS DAY I APPROVE THIS CHILD'S PARTICIPATION IN: INTERSCHOLASTIC SPORTS PHYSICAL EDUCATION

VISION AND HEARING SCREENING DATA

THIS SECTION TO BE COMPLETED BY I.D.P.H. CERTIFIED SCREENING PERSONNEL - IF PRE-EXISTING APPROVED FORM BY I.D.P.H. IS NOT AVAILABLE.

Table for vision and hearing screening data with columns for Date, Grade, Vision, Hearing, and Code.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH ILLINOIS STATE BOARD OF EDUCATION ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES ILLINOIS HIGH SCHOOL ASSOCIATION, IDPH * ISBE * DCFS * IHSA * 001.2 * 10/80