

Developed in Cooperation With:

HEALTH APPRAISAL

- School
Children's Group
Child Care Center
Child Caring Institution
Other

Department of Human Services
Departments of Community Health, and Education;
Michigan State Medical Society;
Michigan Association of Osteopathic Physicians and Surgeons

Dear Parent or Guardian: The following information is requested so that the school and parent can work together to meet the physical, intellectual, and emotional needs of the child. Fill out the information requested in Section I. Section II may be certified by transcription of information from the certificate of immunization. The remaining sections (111, IV, V) are to be completed by a doctor, nurse, and dentist. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)

PERSONAL

Form with fields for Child's Name (Last, First, Middle), Sex, Date of Birth, Address (Number & Street, City, Zip), Parent's or Guardian's Name (Last, First, Middle), Telephone (Home), Telephone (Work), and Address (Number & Street, City, Zip).

SECTION I -- HEALTH HISTORY

Table with 3 columns: Is your child having any of the problems listed below?, Yes, No. Rows include: 1. Allergies or reactions; 2. Hay fever, asthma, or wheezing; 3. Eczema or frequent skin rashes; 4. Convulsions/Seizures; 5. Heart trouble; 6. Diabetes; 7. Frequent colds, sore throats, earaches (4 or more per year); 8. Trouble with passing urine or bowel movements; 9. Shortness of breath; 10. Speech problems; 11. Menstrual problems; 12. Dental problems: date of last examination; 13. Other. Includes a section for 'Please explain any problem areas identified above:'.

SECTION II -- IMMUNIZATIONS

Statements such as "UP TO DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information. *

Table with columns: VACCINES, Type, Mo/Day/Yr., DATE ADMINISTERED (Type, Mo/Day/Yr.). Rows include: Hepatitis B (Hep B); DTaP/DTiP/DT/dTdap (Specify Type); Haemophilus Influenza type b (HIB); Polio (IPV/OPV) (Specify Type); Pneumococcal Conjugate (PCV7); Rotavirus (Rota); Measles, Mumps, Rubella (MMR); Varicella (Chickenpox); Hepatitis A (Hep A); Influenza TIV/LAIV; Meningococcal MCV4/MPSV4 (Specify Type); Human Papillomavirus HPV; Other Vaccines: (Specify Date & Type).

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

I certify that the immunization dates are true to the best of my knowledge

Fields for Validating Signature, Title, and Date.

*According to Act 368, Public Acts of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections provided that waiver forms are properly prepared, signed, and delivered to school administrators. Forms for these exemptions are available at your school or local health department.