

# BROOKINGS SCHOOL DISTRICT PHYSICAL EXAMINATION FORM

Return this form to the school nurse only if a physical exam has been performed by a health professional.

The Brookings School district recommends that all **kindergarten, grade 6 & grade 9** have a physical examination administered by a licensed physician. It is required that all students who participate in interscholastic athletics at the high school level (9-12) have an annual physical, in accordance with the South Dakota High School Athletic Association (SDHSAA) regulations. It should be noted that the SDHSAA physical examination will suffice for grade 9, but the **Brookings School physical examination form will not be acceptable to the SDHSAA**. Middle School students are encouraged to schedule a SDHSAA physical examination prior to interscholastic athletic participation. It should also be noted that athletes (7-12) who compete on high school (9-12) teams must have the SDHSAA physical.

## PARENT OR GUARDIAN: PLEASE RETURN THIS COMPLETED FORM TO YOUR SCHOOL NURSE

Last Name of Student	First	Sex <b>M F</b>	Birth Date	Grade
Parent/Guardian's Signature	Address	City	State	Zip
Phone				

### SIGNIFICANT HISTORY: Please check (✓) if your child has ever had:

- |  |  |   |   |                                     |
|--|--|---|---|-------------------------------------|
| <input type="checkbox"/> Premature Birth   | <input type="checkbox"/> Myringotomy (ear tubes) | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Serious Accident | <input type="checkbox"/> Allergies  |
| <input type="checkbox"/> Throat Infections | <input type="checkbox"/> Adenoidectomy           | <input type="checkbox"/> Appendectomy   | <input type="checkbox"/> Rheumatic Fever  | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Ear Infection     | <input type="checkbox"/> Tonsillectomy           | <input type="checkbox"/> Chicken Pox    | <input type="checkbox"/> Mononucleosis    | <input type="checkbox"/> Hepatitis  |

Comments: \_\_\_\_\_

### SPECIAL HEALTH CARE NEEDS: PLEASE CHECK (✓)

- |   |                                   |  |   |                                     |
|---|-----------------------------------|--|---|-------------------------------------|
| <input type="checkbox"/> Daily Medication | <input type="checkbox"/> Asthma   | <input type="checkbox"/> ADD/ADHD      | <input type="checkbox"/> Speech           | <input type="checkbox"/> Neurologic |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Adaptive Devices | <input type="checkbox"/> Orthopedic |

### HEALTH CARE PROVIDER: PLEASE COMPLETE THIS SECTION:

**IMMUNIZATIONS:** Complete this section only if your child is new to the Brookings School District or has had recent vaccines administered.

DPT	1. _____	2. _____	3. _____	4. _____	5. _____
Tdap	1. _____	2. _____	3. _____	4. _____	5. _____
Polio	1. _____	2. _____	3. _____	4. _____	5. _____
MMR	1. _____	2. _____	3. _____	_____	
Varicella (Chickenpox)	1. _____	2. _____	_____		
MCV4	1. _____	2. _____	3. _____	_____	
Hib	1. _____	2. _____	3. _____	4. _____	5. _____
Hep B	1. _____	2. _____	3. _____	_____	
Other	_____				

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ B/P: \_\_\_\_\_ / \_\_\_\_\_ Corrective Lenses: yes no Type: \_\_\_\_\_

Vision: Near: Rt. 20/\_\_\_\_ Lt. 20/\_\_\_\_ Both: 20/\_\_\_\_ Far: Rt. 20/\_\_\_\_ Lt. 20/\_\_\_\_ Both: 20/\_\_\_\_

Hearing: Rt. 4000/\_\_\_\_ 2000/\_\_\_\_ 1000/\_\_\_\_ 500/\_\_\_\_

Lt. 4000/\_\_\_\_ 2000/\_\_\_\_ 1000/\_\_\_\_ 500/\_\_\_\_

Optional CBC: \_\_\_\_\_ Urine: \_\_\_\_\_

### PHYSICIAN'S EXAMINATION: INDICATE NORMAL (N), OR ABNORMAL (AB). IF ABNORMAL INCLUDE COMMENTS BELOW.

- |                |            |           |                    |                      |
|----------------|------------|-----------|--------------------|----------------------|
| Skin/lymph____ | Nose____   | Neck____  | Abdomen____        | Orthopedic-Spine____ |
| Eyes____       | Throat____ | Heart____ | Genito-urinary____ | Neurological____     |
| Ears____       | Mouth____  | Lungs____ | Orthopedic____     | Allergies____        |

### PHYSICIAN'S ADDITIONAL COMMENTS, RECOMMENDATIONS AND/OR RESTRICTIONS.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHYSICIAN'S SIGNATURE & DATE: \_\_\_\_\_

## **IMMUNIZATIONS REQUIRED FOR KINDERGARTEN ENTRY IN SOUTH DAKOTA**

South Dakota Codified Law 13-28-7.1 requires students entering school or early childhood programs to present certification that they have been adequately immunized, according to the recommendations of the Department of Health. The law applies to all children entering school for the first time, including transfer students. Minimum immunization requirements are defined as:

1. Four or more doses of **diphtheria, pertussis and tetanus containing vaccine**, with at least one dose administered on or after age 4. Children 7 years and older needing the primary series only need three doses. The first dose of the primary series should be Tdap and the second and third doses should be Td, with at least 6 months between dose two and three. Children receiving six doses before age 4 do not require any additional doses for school requirements. The maximum a child should receive is six doses. If a child 7 years and older has an incomplete DTaP primary series, please contact the Department of Health Immunization Program (1-800-592-1861) for assistance.
2. Four or more doses of **poliovirus vaccine**, at least one dose on or after age 4. *(Although not the recommended schedule - If a child has three doses of polio with the third dose administered on or after the age of 4 and at least 6 months after the second dose, no other doses are required.)*
3. Two doses of a **measles, mumps, and rubella vaccine (MMR) or submit serological evidence of immunity**. Minimum age for the first dose is 12 months. Administer the second dose routinely at age 4 through 6 years. The second dose may be administered prior to age 4 provided at least 28 days have elapsed since the first dose.
4. Two doses of **varicella vaccine**. The minimum age for the first dose of varicella (chickenpox) vaccine is 12 months. History of disease is acceptable with parent/guardian signature. Administer the second dose routinely at age 4 through 6 years. The second dose may be administered prior to age 4 provided the minimum interval between the two doses is 3 months.

## **REQUIREMENTS FOR 6TH GRADE ENTRY**

5. One dose of **Tdap** is required for 6th grade entry **IF** the child is 11 years old. If the child is 10 years old when entering 6th grade they **45** days after their 11th birthday to receive the Tdap vaccination. If a child has a contraindication to Tdap, Td is acceptable. If a child receives a Tdap at age 7 or older, the dose does not need to be repeated. If a child 7 years and older has an incomplete DTaP primary series, please contact the Department of Health for assistance.
6. One dose of **meningococcal vaccine** is required for 6th grade entry **IF** the child is 11 years old. If the child is 10 years old when entering 6th grade they **45** days after their 11th birthday to receive the meningococcal vaccine. If a child receives a dose at age 10 or after, the dose does not need to be repeated.

**Haemophilus Influenzae B, Hepatitis A, Hepatitis B, and Pneumococcal** vaccines are recommended but not required.

Contact the South Dakota Department of Health, Immunization Program, at 1-800-592-1861 (in SD only), or email with your questions. Check this schedule from the Centers for Disease Control and Prevention for a complete listing of recommended immunizations.