

BALTIMORE COUNTY DEPARTMENT OF HEALTH
Division of School Health Services



HEALTH INVENTORY

To Parents or Guardians:

A physical examination is recommended for all children prior to entrance into school and again upon entrance into Middle School. An Examination is also requested for all children transferring into a school.

To do the best possible job of teaching your child, his or her teachers should understand and be aware of special health and developmental needs. This requires some information from you and from the child's physician.

The health information provided on this form will be available only to those health and school personnel who have legitimate educational interest in your child.

Maryland law requires all school students in nursery through twelfth grade to show evidence of complete primary immunizations against certain childhood communicable diseases. Exemptions from immunization requirements are permitted only if a parent objects to immunization because of bona fide religious beliefs and practices. A Maryland Immunization Certificate Form (DHMH 896) must be completed along with the required immunizations before a student can attend school.

Please complete this Health Inventory form and return it to your child's school as quickly as possible.

You are asked to complete Part I of this Health Inventory Form. Part II is to be completed by the physician or nurse practitioner who examines your child.

PART II - SCHOOL HEALTH ASSESSMENT
To be completed **ONLY** by Physician/Nurse Practitioner

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
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1. Does the child have a diagnosed medical condition?
No Yes _____

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is at school?
(e.g., seizure, insect sting allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes,
please DESCRIBE. Additionally, please "work with your school nurse to develop an emergency plan".
No Yes _____

3. Are there any abnormal findings on evaluation for concern?

Evaluation Findings/CONCERNS

Physical Exam	WNL	ABNL	Area of Concern	Health Area of Concern	YES	NO
Head				Attention Deficit/Hyperactivity		
Eyes				Behavior/Adjustment		
ENT				Development		
Dental				Hearing		
Respiratory				Immunodeficiency		
Cardiac				Lead Exposure/Elevated Lead		
GI				Learning Disabilities/Problems		
GU				Mobility		
Musculoskeletal/orthopedic				Nutrition		
Neurological				Physical Illness/Impairment		
Skin				Psychosocial		
Endocrine				Speech/Language		
Psychosocial				Vision		
				Other		

REMARKS: (Please explain any abnormal findings.)

4. **RECORD OF IMMUNIZATIONS** – DHMH 896 is required to be completed by a health care provider **or** a computer generated immunization record must be provided.

5. Is the child on medication? If yes, indicate medication and diagnosis.
No Yes _____
(A medication administration form must be completed for medication administration in school).

6. Should there be any restriction of physical activity in school? If yes, specify nature and duration of restriction.
No Yes _____

7. Screenings	Results	Date Taken
Tuberculin Test		
Blood Pressure		
Height		
Weight		
BMI %tile		
Lead Test	Optional	

PART II - SCHOOL HEALTH ASSESSMENT - continued

To be completed **ONLY** by Physician/Nurse Practitioner

(Child's Name) _____ has had a complete physical examination and has:

9 no evident problem that may affect learning or full school participation 9 problems noted above

Additional Comments:

Physician/Nurse Practitioner (Type or Print)

Phone No.

Physician/Nurse Practitioner Signature

Date