

Name \_\_\_\_\_  
 (Last) (First) (Middle)



MINNEAPOLIS  
 PUBLIC SCHOOLS  
 Urban Education. Global Citizens.

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ ID# \_\_\_\_\_

- Minnesota law mandates that all children participate in **Early Childhood Screening** prior to Kindergarten entrance. The required components are identified with an asterisk \*.
- For further information, call (612) 668-3711.

**Preschool – 5<sup>th</sup> Grade  
 HEALTH EXAMINATION**

* TYPE of VACCINE	1 <sup>st</sup> Dose MM/DD/YY	2 <sup>nd</sup> Dose MM/DD/YY	3 <sup>rd</sup> Dose MM/DD/YY	4th Dose MM/DD/YY	5 <sup>th</sup> Dose MM/DD/YY
DTaP (Diphtheria, Pertussis, Tetanus)					
Td/Tdap (Tetanus, Diphtheria booster)					
HIB (Haemophilus Influenza b)					
POLIO (IPV, OPV)					
HEPATITIS B (HBV)					
MMR (Measles, Mumps, Rubella)					
VARICELLA (Chickenpox)					
Other (specify)					

Legal Exemptions on backside

- \* Height \_\_\_\_\_ ins. Weight \_\_\_\_\_ lbs. BMI \_\_\_\_\_ Blood Pressure \_\_\_\_\_/\_\_\_\_\_
- \* Vision R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected:  yes  no
- \* Hearing:  Normal  Abnormal Hearing aid(s):  yes  no

	500 (25)dB	1000 (20)dB	2000 (20)dB	4000 (20)dB
Right				
Left				

	Date	Results
Hemoglobin/Hct		
Urinalysis		
Tuberculin (PPD)		mm
Chest x-ray		
Blood lead level		µg/dL

Allergies: \_\_\_\_\_

Physical Ed. restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

There is a condition that may result in an emergency:  
 (if yes, elaborate below)  yes  no

There is a condition that may interfere with learning:  
 (if yes, elaborate below)  yes  no

**Describe any abnormal findings or chronic conditions.**

Health Concerns	Medication/Treatment/Referral Plan	Recommendations for School

**Note: a separate form is required for all medications and treatments to be administered at school.**

	Normal	Abnormal
Eyes		
cover test		
corneal reflection		
Ears		
Mouth – dental		
Throat		
Nose		
Lymph nodes		
Thyroid		
Heart		
Pulses		
Lungs		
Abdomen		
Hernia	<input type="checkbox"/> no	<input type="checkbox"/> yes
Genito-urinary		
Tanner staging (circle one) I, II, III, IV, V		
Musculoskeletal		
Spine		
Extremities		
Skin		
Neurological		
Nutritional status		
Emotional status		
Behavior		
Speech		

\* **Developmental screening date:** \_\_\_\_\_

Areas screened	Screening tool used	Results
<input type="checkbox"/> Fine/gross motor	<input type="checkbox"/> MPSI	<input type="checkbox"/> Pass
<input type="checkbox"/> Cognition	<input type="checkbox"/> Denver	<input type="checkbox"/> Refer to 348-TOTS or Early Childhood Special Education
<input type="checkbox"/> Speech / language	<input type="checkbox"/> Ireton	<input type="checkbox"/> Areas of Concern:
<input type="checkbox"/> Social/emotional	<input type="checkbox"/> ASQ	<input type="checkbox"/> Comments:
<input type="checkbox"/> Behavior	<input type="checkbox"/> Other (describe)	

Signature and title of health care provider

Print name

Date of physical exam

Clinic name

Phone

Fax

## LEGAL EXEMPTIONS TO MINNESOTA SCHOOL IMMUNIZATION LAW

**Medical exemption:** No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a licensed healthcare provider must sign this statement:

*I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was either laboratory confirmed, or in the case of varicella, medically diagnosed or adequately described to me by the parent to indicate past varicella infection.*

**Exempted immunization(s):**

\_\_\_\_\_

For varicella (chickenpox) disease only: Year of disease \_\_\_\_\_

\_\_\_\_\_  
Signature of Healthcare provider/Public Health Clinic

\_\_\_\_\_  
Date

**Conscientious exemption:** No student is required to have an immunization which is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. To receive this exemption, a parent or legal guardian must complete and sign the following statement and have it notarized:

*I certify by notarization that immunization for my child is contrary to my conscientiously held beliefs. Indicate vaccine(s):* \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of notary

**Additional exemptions:**

- **Children less than 7 years of age:** The 5th dose of DTaP/DTP/DT (similarly, the 4th dose of polio vaccine) is not necessary if the 4th DTaP/DTP/DT (3rd dose of polio) was administered after the 4th birthday.
- **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- **Students in grades 7-12:** A Td or Tdap booster at age 11 years or later is not required for students in grades 7-12 whose most recent Td was given after their 7th birthday but before their 11th birthday. Instead, it will be required 10 years after the date of the most recent dose.
- **Students 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for those students who provide documentation of the alternative 2-dose schedule.
- **Students 10 years or older:** May receive Tdap to fulfill the Td requirement for students in grades 7-12.
- **Students 18 years of age or older:** Do not need polio vaccine.