



GARDEN SCHOOL

Jackson Heights, New York

Richard Marotta, Ph. D., Headmaster

Garden School Health Record

Child's Name _____ Date of Birth _____

Address _____

Telephone _____

Parent/Guardian 1 _____

Emergency Contact Number _____

Parent/Guardian 2 _____

Emergency Contact Number _____

Pediatrician Name _____

Pediatrician Phone _____ Pediatrician Fax _____

Student Health History (to be completed by physician)

Immunization Dates:

Hep B	_____	_____	_____	_____
Rotavirus	_____	_____	_____	_____
DTP/DTa/DT	_____	_____	_____	_____
	_____	_____	_____	_____
Hib	_____	_____	_____	_____
PCV	_____	_____	_____	_____
Polio	_____	_____	_____	_____
Influenza	_____	_____	_____	_____
MMR	_____	_____	_____	_____
Varicella	_____	_____	_____	_____
Td	_____	_____	_____	_____
Tdap	_____	Hep A	_____	_____
Meningococcal	_____	_____	_____	_____
HPV	_____	_____	_____	_____
Mantoux TB Placed	_____	Mantoux TB read	_____	_____
Other	_____	_____	_____	_____



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Garden School Health Record (cont.)

Physical Exam

Date ____/____/____

Height _____ Weight _____ BP _____

Urinalysis _____ Pulse _____ Temperature _____

Blood Lead Level _____ Lead Risk Assessment _____

Medical History

Asthma _____ ADHD _____

Allergies _____ Heart disorder (congenital) _____

Medications _____ Heart disorder (acquired) _____

Speech _____ Developmental/learning issues _____

Vision _____ Seizure disorder _____

Hearing _____ Tuberculosis (latent infection or disease) _____

Diabetes _____ Diabetes (new onset) _____

Please provide details and specify treatment plans (if any): _____

Illness, injury or surgery during the past year? _____

Spinal screening for scoliosis? _____

Full physical activity? _____ If no, please explain _____

Physician's Signature _____

Date _____

Stamp here with name and license number

Parent/guardian will be notified as quickly as possible in case of an emergency. Please sign below to grant Garden School and its agents permission to dispense over-the-counter medications as needed and to make decisions (including calling an ambulance) to secure medical treatment in an emergency.

Parent/Guardian Signature _____

Date _____