

IMMUNIZATION	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5	STATUS
DTaP, DTP, DT or Td (3)	_____	_____	_____	_____	_____	_____
Tdap (1)	_____	_____	_____	_____	_____	_____
OPV or IPV (3)	_____	_____	_____	_____	_____	_____
MMR (2)	_____	_____	_____	_____	_____	_____
Measles	_____	_____	_____	_____	_____	_____
Mumps	_____	_____	_____	_____	_____	_____
Rubella	_____	_____	_____	_____	_____	_____
Hepatitis B (3)	_____	_____	_____	_____	_____	_____
Varicella / VZV / VAR (1/2)	_____	_____	_____	_____	_____	_____
HIB	_____	_____	_____	_____	_____	_____
OTHER ()	_____	_____	_____	_____	_____	_____

Citywide Immunization Registry #: _____

May provide copy of CIR print out in lieu of completing this section. Must complete CIR Number above.

ASTHMA

Has the child ever been diagnosed with

ASTHMA

ASTHMATIC, WHEEZY OR CHRONIC BRONCHITIS

NO ASTHMA

REACTIVE AIRWAYS DISEASE

In the past 12 months has the child had any symptoms of asthma, including wheeze, cough with exercise, or dry cough at night without a cold?

Yes No

In the past 12 months has the child been prescribed any of the following medications for this condition?

ORAL BRONCHODILATORS

ORAL STEROIDS

INHALED, ANTI-INFLAMMATORIES

INHALED, SHORT-ACTING BRONCHODILATORS

NONE

TYPES OF PROBLEMS FOUND	ICD CODE	RECOMMENDATIONS
<input type="checkbox"/> Well Child		<input type="checkbox"/> Full Physical Activity
1. _____	_____	<input type="checkbox"/> Restrictions (Specify limitations and special alerts)
2. _____	_____	_____
3. _____	_____	_____

DATE OF EXAMINATION ____ / ____ / ____

ADDRESS: _____

Physician Signature _____ TELEPHONE: _____

Physician Name (Print) _____ NAME OF FACILITY: _____

TO BE COMPLETED BY THE PARENT OR GUARDIAN

ASTHMA

In the past 12 months has the child had any of the following symptoms?

WHEEZING OR WHISTLING SOUND IN THE CHEST

COUGHING WITH EXERCISE

DRY COUGHING AT NIGHT WHEN CHILD DOES NOT HAVE A COLD

NONE

In the past 12 months has the child taken any medicines for these symptoms?

Yes No

In the past 12 months has the child made an urgent visit to a doctor or hospital emergency room because of asthma or other breathing problems?

Yes No

CONSENT FOR MEDICATION AND EMERGENCY

• Permission is hereby given that my child may receive upon request:

ASPIRIN (1 2) TYLENOL (1 2) ADVIL (1 2)

• In case of medical emergency, school personnel may accompany my child to a hospital.

Yes No

SPECIAL INSTRUCTION: _____

Parent/Guardian Signature _____ Date _____