



**Return to:**  
 Red Robin Country Day School  
 878 Jericho Turnpike, Westbury, NY 11590  
 Phone 516.334.1144  
 Fax 516.334.0565

## SCHOOL HEALTH FORM

Child's Name \_\_\_\_\_ Date Examined \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

A complete physical examination has been performed and no abnormalities were found. The patient indicated above is in good health and free from all contagious illnesses, and may participate in all physical activities (except as indicated below under special recommendations). All immunizations are completely up to date.

TETRA					
DPT or D- T-					
Sabin Polio					
Last TB Tine					
MMR Vaccine					
Haemophilus b Vaccine (HIB)					
Hepatitis B Vaccine					
Chicken Pox Vaccine					
* Lead Testing					
Hearing Test Results:			Method:		
Vision Test Results:			Method:		
Dental Condition:					
* BMI:					

**\* Results must be included on this form please.**

Special Recommendations, Special Needs, Allergies, Medications, Dietary Restrictions, etc.

\_\_\_\_\_  
 \_\_\_\_\_

Physician's Signature X \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physician's Name \_\_\_\_\_ Phone( ) \_\_\_\_\_

Address \_\_\_\_\_