

# DELAWARE STUDENT HEALTH FORM – ADOLESCENT

## Grades 7-12

To be completed by licensed healthcare provider:

Physician (MD or DO), Clinical Nurse Specialist (APN), Advanced Practice Nurse (APN), or Physician's Assistant (PA)

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I), and your health care provider (Parts I, II and III). All students in Delaware public schools must provide documentation of current immunizations, and a current (within 2 years) physical examination upon school entry and at ninth (9<sup>th</sup>) grade.

### Talk with your health care provider about important issues<sup>1</sup> regarding your child, such as:

- Physical Growth and Development** (physical and oral health, body image, healthy eating, physical activity)
- Social and Academic Competence** (connectedness with family, peers, school, and community; interpersonal relationships; school performance)
- Emotional Well-Being** (coping, mood regulation and mental health, self-esteem, sexuality)
- Risk Reduction & Safety** (tobacco, alcohol or other drugs; pregnancy; STIs; infection; disaster planning)
- Violence & Injury Prevention** (safety belt and helmet use, substance abuse and riding in a vehicle, abuse protection, guns, interpersonal violence [fights/dating violence], bullying)
- Immunizations**
  - **Influenza (seasonal) vaccine** is recommended *each year* for *all* children (6 months and up).
  - **Human papillomavirus vaccine (HPV)** is recommended for all girls and boys (ages 11 or 12, minimum age 9) to prevent cancers, pre-cancers, and genital warts.
  - **Hepatitis A, Meningococcal, and Pneumococcal vaccines** are recommended for certain high risk groups.

### Immunization Requirements for Newly Enrolled Students at Delaware Schools

**GRADES 7-12:** **DTaP/DTP, Td/Tdap:** 4 or more doses. If the 4<sup>th</sup> dose was prior to the 4<sup>th</sup> birthday, a 5<sup>th</sup> is required. Students, who start the series at age 7 or older, only need a total of 3 doses. A booster dose of Td or Tdap is recommended by the Division of Public Health for all students at age 11 or five years after the last DTap, DTP, or DT dose was administered - whichever is later.

**Polio:** 3 or more doses. If the 3<sup>rd</sup> dose was prior to the 4<sup>th</sup> birthday, a 4<sup>th</sup> dose is required.

**MMR<sup>2</sup>:** 2 doses. The 1<sup>st</sup> dose should be given on or after the 1<sup>st</sup> birthday. The 2<sup>nd</sup> dose should be given after the 4<sup>th</sup> birthday.

**Hep B<sup>2</sup>:** 3 doses. For children 11 to 15 years old, two doses of a vaccine approved by CDC may be used.

**Varicella<sup>3</sup>:** 1-2 doses. The 1<sup>st</sup> dose must be given on or after the 1<sup>st</sup> birthday. Two doses are required for all new school enterers<sup>4</sup> in: K-9<sup>th</sup> grade in 2012-2013, K-10<sup>th</sup> grade in 2013-2014, K-11<sup>th</sup> grade in 2014-15 and K-12<sup>th</sup> grade in 2015-2016.

<sup>1</sup>Based on Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, (3<sup>rd</sup> ed.) AAP, 2008

<sup>2</sup>Disease histories for measles, rubella, mumps and Hepatitis B will not be accepted unless serologically confirmed.

<sup>3</sup>Varicella disease history must be verified by a health care provider to be exempted from vaccination.

<sup>4</sup>A new school enterer is a child entering a Delaware school district for the first time.

**PART I – HEALTH HISTORY**

*To be completed by parent/guardian prior to exam  
The healthcare provider should review and provide comments in the last column.*

**Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Examiner:** \_\_\_\_\_

	PARENT		HEALTHCARE PROVIDER COMMENT
Developmental delay (speech, ambulation, other)?	Yes	No	
Serious injury or illness?	Yes		
Medication?	Yes		
Hospitalizations?			
When?                      What for?			
Surgery? (List all)			
When?                      What for?			
Ear/Hearing problems?			
Heart problems/Shortness of breath?	Yes	No	
Heart murmur/High blood pressure?	Yes	No	
Dizziness or chest pain with exercise?	Yes	No	
Allergies (food, insect, other)?	Yes	No	
Family history of sudden death before age 50?	Yes	No	
Child wakes during the night coughing?	Yes	No	
Diagnosis of asthma?	Yes	No	
Blood disorders (hemophilia, sickle cell, other) ?	Yes	No	
Excessive weight gain or loss?	Yes	No	
Diabetes?	Yes	No	
Loss of function of one or paired organs (eye, ear, kidney, testicle)?			
Seizures?	Yes	No	
Head injuries/Concussion/Passed out?	Yes	No	
Muscle, Bone, or Joint problem/Injury/Scoliosis?	Yes	No	
ADHD/ADD?	Yes	No	
Behavior concerns?	Yes	No	
Eye/Vision concerns? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Other _____			
Dental concerns? <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other? Date of exam _____			
Other diagnoses?			
Does your child have health insurance?			
Does your child have dental insurance			
Information may be shared with appropriate personnel for health and educational purposes.			
<b>Parent/Guardian Signature</b>			<b>Date</b>