

SA depARecord Card 6

Mar land State Department of Ed cation (MSDE)
Mar land Department of Health (MDH)
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Rock ille, Mar land

MARYLAND SCHOOLS RECORD OF PHYSICAL EXAMINATION

To Parents or G ardians:

In order for o r child to enter a Mar land p blic school for the rst time, the follo ing are **req ired:**

- A ph ical e amination b an a hori ed health care pro ider m the completed in innine month prior to entering the p blic chool them or intin i month after entering the tem. A ph sical e amination form designated b the Mar land State Department of Ed cation and the Mar land Department of Health m st be sed to meet this req irement.
- **b** E idence of complete primar imm ni alon again a certain childhood comm nicable di ea e i req ired for all a dept in pre chool arro ghane. A effin grade. A Mar land Imm ni ation Certi cation form for ne I enrolling st dents ma be obtained from the local Department of Health and H man Ser ices or from school personnel. The form and the req ired imm ni ations m st be completed before a child ma attend school. (Form MDH 896).
- E idence of blood lead to fing i req ired for all a dept ho re ide in a de ignated at ri k area or ho are enrolled in Medicaid hen rate entering Prekindergasten, Kindergasten, and Grade 1, and for ALL children born on or after Jan ar 1, 2015. The Mar land Department of Health and Mental H giene Blood Lead Testing Certi cate (DHMH 4620) (or another ritten doc ment signed b an a thori ed health care pro ider) shall be sed to meet this req irement.

E emptions from imm ni ations are permitted if the are contrar to a st dent's or famil s religio s beliefs, and req ire parent/g ardian signat re on MDH Form 896. St dents also ma be e empted from imm ni ation req irements if an a thori ed health care pro ider certi es that there is a medical reason not to recei e a accine. E emptions from blood lead testing is permitted if it is contrar to a famil 's religio s beliefs and practices. The Blood Lead Testing Certi cate m st be signed b an a thori ed health care pro ider stating a q estionnaire, as done.

The health information on this form ill be a ailable onle to those health and ed cation personnel ho ha e a legitimate ed cational interest in or child.

In order to assist o r child in gaining the most from their ed cational e perience, please complete Part I of this Ph sical E amination form. Part II m st be completed b an a thori ed health care pro ider, or attach a cop of o r child's ph sical e amination to this form. If o r child req ires medication and or a treatment to be administered in school, o m st ha e the a thori ed health care pro ider complete a medication and or treatment administration form for each medication and or treatment to be administered. These forms can be obtained from o r child's school or online from the Montgomer Co nt P blic Schools (MCPS), ebsite at www.montgomeryschoolsmd.org: MCPS Form 525-12, Authorization to Provide Medically Prescribed Treatment, Release and Indemnification Agreement, MCPS Form 525-13, Authorization to Administer Prescribed Medication, Release and Indemnification Agreement, MCPS Form 525-14, Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis, Release and Indemnification Agreement for Epinephrine Auto Injector. If o do not ha e access to an a thori ed health care pro ider or if o r child req ires a special indi id ali ed health proced re, please contact the principal and/or school n rse in o r child's school.

Plea e complete this Phical E amination form and real rn into o r child' chool a q ickl a po ible.

PART 1 HEALTH ASSESSMENT					MCPS ID#	
To be comple₄ed b parep₄/g ardian						
St dent's Name			Birthdate	Name of School Gro		Grade
(Last, First, Middle)			(Mo., Da , Yr.)			
(Preferred Name)						
Address (N mber, Street, Cit , State, Zip)			Phone No.			
Parent/G ardian Names						
Where do o s all take o r child for ro tine medical care? Name: Address:						
When as the last time or child had a phisical e am? Month						
When as the last time or child had a dental eam? Month						
Where do o s all take o r child for dental care? Name: Address:					Phone No.	