

Please Print Clearly Press Hard

STUDENT ID NUMBER OSIS

Grid for Student ID Number OSIS

TO BE COMPLETED BY PARENT OR GUARDIAN

Parent/Guardian information fields: Child's Last Name, First Name, Middle Name, Sex, Date of Birth, Address, City/Borough, State, Zip Code, School/Center/Camp Name, District Number, Phone Numbers, Health Insurance, Parent/Guardian Last Name, First Name, Foster Parent.

TO BE COMPLETED BY HEALTH CARE PROVIDER If "yes" to any item, please explain (attach addendum, if needed)

Health Care Provider information fields: Birth history (Uncomplicated, Premature, Complicated), Allergies (None, Epi pen, Drugs, Foods, Other), Medical history (Asthma, Attention Deficit, Chronic otitis, Congenital heart, Developmental, Diabetes, Orthopedic injury, Seizure, Speech/hearing, Tuberculosis, Other), Medications, Dietary Restrictions, Explain all checked items above or on addendum.

PHYSICAL EXAMINATION and General Appearance fields: Height, Weight, BMI, Head Circumference, Blood Pressure, HEENT, Lymph nodes, Abdomen, Skin, Psychosocial Development, Dental, Lungs, Genitourinary, Neurological, Language, Neck, Cardiovascular, Extremities, Back/spine, Behavioral, Describe abnormalities.

DEVELOPMENTAL, SCREENING TESTS, and Tuberculosis fields: Developmental (Cognitive, Communication, Social/Emotional, Adaptive/Self-Help, Motor), Screening Tests (Blood Lead Level, Lead Risk Assessment, Hearing, Hemoglobin or Hematocrit), Tuberculosis (PPD/Mantoux, Interferon Test, Chest x-ray, Vision).

IMMUNIZATIONS - DATES and Vaccination fields: Hep B, Rotavirus, DTP/DTaP/DT, Hib, PCV, Polio, Influenza, MMR, Varicella, Td, Tdap, Hep A, Meningococcal, HPV, Other.

RECOMMENDATIONS and ASSESSMENT fields: Recommendations (Full physical activity, Full diet, Restrictions, Follow-up Needed, Referral(s)), Assessment (Well Child, Diagnoses/Problems, ICD-9 Code).

Health Care Provider Signature, Date, DOHMH PROVIDER I.D., Health Care Provider Name and Degree, Provider License No. and State, Facility Name, National Provider Identifier (NPI), Address, City, State, Zip, Telephone, Fax, Date Reviewed, I.D. NUMBER, REVIEWER.