



WALDORF KNOLL ACADEMY

41 IYA ABUBAKAR CRESCENT
JABI
ABUJA.

08099997721, 08099997722, 08099997723
info@waldorknollacademy.com
www.waldorknollacademy.com

Student Entrance Health Form

Health Information Form/Comprehensive Physical Examination Report/Immunization Record (Please attach immunization record)

Part I – HEALTH INFORMATION FORM (Must be completed by parent/guardian)

Student's Name: _____
Student's Date of Birth: _____ Sex: _____ Current Grade: _____
Student's Address: _____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.): _____

List all prescription, over-the-counter, and herbal medications your child takes regularly:

Check here if you want to discuss confidential information with the school nurse or other school authority. ☐ Yes ☐ No

In the event of an accident or illness involving my child while my child is in the care of Waldorf Knoll Academy, I hereby authorize the administration of first aid by Waldorf Knoll Academy's medical staff while transporting to the schools affiliated hospital (Arewa Hospital, Jabi Abuja or NISA Premier Hospital, Jabi Abuja.). In no case will the school be financially liable for costs incurred as a result of your child's medical care.

Name of parent/guardian: _____
Date: _____ Signature: _____

Part II -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT (Must be completed by a qualified licensed physician)

Student: _____ Date of Birth: ____/____/____ Date of Exam: ____/____/____

HISTORY PLEASE ANSWER ALL QUESTIONS

	YES	NO
Prior exertional chest pain		
Prior exertional syncope/ near syncope		
Excessive, unexplained shortness of breath or fatigue with exercise		
Prior history of heart murmur or increased blood pressure		
Family history of premature death or mortality from cardiovascular disease in a relative younger than age 50		
Occurrence in family, specifically hypertrophic cardiomyopathy or dilated cardiomyopathy, long QT syndrome or Marfan's syndrome		

SYSTEM	✓ or describe findings		DESCRIBE ABNORMALITY
Heart/Vascular System:			
Blood Pressure (enter value)	____/____		
Precordial Auscultation	No murmur, RRR <input type="checkbox"/>		
Femoral Pulses	Present and Equal <input type="checkbox"/>		
Marfan's syndrome	No signs/stigmata <input type="checkbox"/>		
		✓ IF NORMAL	
Skin		<input type="checkbox"/>	
HEENT		<input type="checkbox"/>	
Lungs/Chest		<input type="checkbox"/>	
Breasts		<input type="checkbox"/>	
Abdomen (rectal if indicated)		<input type="checkbox"/>	
Genito-urinary		<input type="checkbox"/>	
Pelvic (if indicated)		<input type="checkbox"/>	
Lymphatic		<input type="checkbox"/>	
Musculoskeletal		<input type="checkbox"/>	
Neurological		<input type="checkbox"/>	
Endocrine		<input type="checkbox"/>	
Psychological		<input type="checkbox"/>	
Unlimited Physical Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	← DO NOT LEAVE THIS BLANK	

Height _____ Weight _____ kg BMI _____ BP _____ HR _____

SICKLE CELL Genotype (check one): ☐ AA ☐ AS ☐ SS

CURRENT MAJOR AND CHRONIC PROBLEMS	ACUTE OR MINOR PROBLEMS

ALLERGIES (medications, insect venom, foods, etc.): _____ Type of reaction: _____

CURRENT MEDICATIONS _____

Do you have any dietary recommendations? ☐ Yes ☐ No Please specify: _____

Please note any additional recommendation regarding this student: _____

☐ Well child; no conditions identified of concern to school program activities or physical activities☐ Conditions identified that may affect schooling or physical activity: _____

Name of physician: _____ Address: _____ Phone: _____ Signature: _____ Date: _____	Completed forms should be submitted with the students application.
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