



HEALTH FORM 2023-2024

Salesian College Preparatory
2851 Salesian Avenue, Richmond CA 94804

The completed Health Form must be presented to the school before the student is allowed to attend class.

ALL NEW STUDENTS AND ALL ATHLETES attending Salesian College Preparatory are required to have a physician's examination and to present verification of their immunization record. California law AB 354 requires that all students entering 9th - 12th grades show proof of an adolescent whooping cough booster shot (called "Tdap").

Name _____ Grade _____ Date of Birth _____

HEALTH HISTORY OF STUDENT- TO BE COMPLETED BY PHYSICIAN

Please note any current/prior conditions:

Injuries: _____ Operations: _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">_____ Allergies</td> <td style="width: 33%;">_____ Heart Ailments</td> </tr> <tr> <td>_____ Asthma</td> <td>_____ Hernia</td> </tr> <tr> <td>_____ Concussion</td> <td>_____ Epilepsy</td> </tr> <tr> <td>_____ Deafness</td> <td></td> </tr> </table>	_____ Allergies	_____ Heart Ailments	_____ Asthma	_____ Hernia	_____ Concussion	_____ Epilepsy	_____ Deafness	
_____ Allergies	_____ Heart Ailments								
_____ Asthma	_____ Hernia								
_____ Concussion	_____ Epilepsy								
_____ Deafness									

DATE EACH DOSE WAS GIVEN

VACCINE	1 st	2 nd	3 rd	4 th	5 th
Tdap Booster					
POLIO (OPV)					
DTP and/or DT/Td Or Tetanus & Diphtheria only					
MMR (Measles, Mumps, Rubella)					
Hepatitis B					
COVID-19					

TB Skin Test Result: _____ Date: _____

Height _____ Weight: _____ Pulse: _____ BP: _____

Vision: R 20/ _____ L 20/ _____ Glasses/Contacts: YES NO

I have examined the above student on this date and have found him/her/they physically fit to attend school and to participate in interscholastic high school sports, including tackle football.

Physician's Name: _____ Date: _____ Phone: _____

Physician's Signature _____ Address: _____