HEALTH FORM
2024-2025

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: _____	_____ Allergies _____ Asthma _____ Concussion _____ Deafness _____ Heart Ailments _____ Hernia _____ Epilepsy

DATE EACH DOSE WAS GIVEN

VACCINE	1st	2nd	3rd	4th	5th
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:**_____