

**The Jerusalem American International School in Israel**  
**New Student Physical Examination Form / School Year 200\_\_\_ - 200\_\_\_**

**\*\* It is very important to bring the student's official immunization record to the physician's office on the day of the exam.**

Student's Name \_\_\_\_\_ Grade Entering \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Eyes: Glasses \_\_\_\_\_ Contact lens \_\_\_\_\_

|                               |
|-------------------------------|
| Skin/Appearance               |
| Eyes/Ears/Nose/Throat         |
| Lymph Nodes                   |
| Heart                         |
| Pulses                        |
| Lungs                         |
| Abdomen                       |
| Neurological                  |
| Nutrition                     |
| Back -Scoliosis check: + or - |

**Health History**

Previous Illnesses \_\_\_\_\_  
Allergies \_\_\_\_\_ Surgery \_\_\_\_\_  
Chronic Conditions \_\_\_\_\_  
Physical Limitations \_\_\_\_\_  
Any restrictions to full participation in physical education classes?      Yes       No   
Please explain if Yes: \_\_\_\_\_  
\_\_\_\_\_

**Immunizations**

*Students must be immunized according to the recommended Childhood Immunization Schedules of the United States and Israel (see USA schedule on back - Israeli schedule is comparable).*

Examining physician - after reviewing immunization record, please record any inoculations or tests needed or given at the time of this exam:

DTP or DT \_\_\_\_\_ MMR (measles, mumps, rubella) \_\_\_\_\_  
POLIO (specify OPV or IPV) \_\_\_\_\_  
Other \_\_\_\_\_  
Tuberculin Test (Mantoux) \_\_\_\_\_ Result \_\_\_\_\_  
\_\_\_\_\_

**Date of Exam** \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_

**Physician's Phone #** \_\_\_\_\_

## Recommended Childhood and Adolescent Immunization Schedule -- United States, 2003

| Vaccine   | Age | range of recommended ages |                          |       |                    | catch-up vaccination |        |        |        | preadolescent assessment |         |           |           |
|---|-----|---------------------------|--------------------------|-------|--------------------|----------------------|--------|--------|--------|--------------------------|---------|-----------|-----------|
|   |     | Birth                     | 1 mo                     | 2 mos | 4 mos              | 6 mos                | 12 mos | 15 mos | 18 mos | 24 mos                   | 4-6 yrs | 11-12 yrs | 13-18 yrs |
| Hepatitis B <sup>1</sup>                              |     | HepB #1                   | only if mother HBsAg (+) |       |                    |                      |        |        |        | HepB series              |         |           |           |
| Diphtheria, Tetanus, Pertussis <sup>2</sup>           |     |                           | DTaP                     | DTaP  | DTaP               |                      | DTaP   |        |        | DTaP                     |         | Td        |           |
| <i>Haemophilus influenzae</i> Type b <sup>3</sup>     |     |                           | Hib                      | Hib   | Hib                |                      | Hib    |        |        |                          |         |           |           |
| Inactivated Polio                                     |     |                           | IPV                      | IPV   | IPV                |                      |        |        |        | IPV                      |         |           |           |
| Measles, Mumps, Rubella <sup>4</sup>                  |     |                           |                          |       |                    | MMR #1               |        |        |        | MMR #2                   |         | MMR #2    |           |
| Varicella <sup>5</sup>                                |     |                           |                          |       |                    | Varicella            |        |        |        | Varicella                |         |           |           |
| Pneumococcal <sup>6</sup>                             |     |                           | PCV                      | PCV   | PCV                | PCV                  |        |        | PCV    | ppv                      |         |           |           |
| Vaccines below this line are for selected populations |     |                           |                          |       |                    |                      |        |        |        |                          |         |           |           |
| Hepatitis A <sup>7</sup>                              |     |                           |                          |       |                    |                      |        |        |        | Hepatitis A series       |         |           |           |
| Influenza <sup>8</sup>                                |     |                           |                          |       | Influenza (yearly) |                      |        |        |        |                          |         |           |           |

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2002, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible.   Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.