



THE HOCKADAY SCHOOL MEDICAL CERTIFICATE

Boarding Students

Required for all NEW students and students entering
Grades 9 & 11

Due AUGUST 1, 2020 for the 2020-2021 school year.

PERTINENT INFORMATION
MAY BE SHARED WITH
APPROPRIATE PERSONNEL

Parents Complete

Student's Name _____ Grade Fall '20-'21 _____

New Student Returning Student Birthdate: ____/____/____ Age: _____

IMMUNIZATIONS

Current Students - An electronic copy of your daughter's immunization record is kept on file on the Hockaday MAGNUS HEALTH Portal. If your daughter requires other updated immunizations or a new Tuberculosis test (TB skin test or chest x-ray are required every two years) you will see it as a requirement in MAGNUS HEALTH.

New Students - Upload a copy of your daughter's immunization record to the Hockaday MAGNUS HEALTH Portal. TB (Tuberculosis) skin test or chest x-ray is also required.

To Be Completed by Health Care Professional

PHYSICAL EXAMINATION

Must be conducted after June 1, 2019. Exam Date: _____

Height _____ Weight _____ Blood Pressure _____

| | | | | | | | | |
|------------|---------------|--------------------|-----------------|---------------|--------------------|-------------------------|---------------|--------------------|
| Skin | WNL or Neg | Abnormal or Pos | Abdomen..... | WNL or Neg | Abnormal or Pos | Eyes, Ears, Nose..... | WNL or Neg | Abnormal or Pos |
| Head ... | | | Allergies..... | | | Joint Function..... | | |
| Heart.... | | | Extremities.... | | | Acanthosis Nigricans.. | | |
| Neck | | | Lungs, Chest.. | | | Scoliosis Screening.... | | |
| Mouth.. | | | GI..... | | | | | |

| VISION SCREENING | | | HEARING @ 25 Db | | | |
|------------------|--------|--------|-----------------|-----|-----|-----|
| | Right | Left | | 1k | 2k | 4k |
| uncorrected | 20/___ | 20/___ | Right | ___ | ___ | ___ |
| Glasses | 20/___ | 20/___ | | | | |
| Contacts | 20/___ | 20/___ | Left | ___ | ___ | ___ |

Testing required for all new students.

Explain any abnormal or positive findings _____

I certify that my examination of the above student has revealed that she is physically able to participate in the following activities:

Physical Education(Lower, Middle, Upper School); Campouts and Backpacking (Middle and Upper School); Athletics (Middle and Upper School Sports): Cross Country, Field Hockey, Volleyball, Basketball, Soccer, Swimming, Diving, Crew, Golf, Lacrosse, Softball, Tennis, Fencing, Cheerleading, Track & Field.

Exceptions: _____

No Participation until (set date): _____ Signature of Examining Physician _____

Date _____ Phone () _____ Printed Name of Physician _____

THIS FORM MUST BE SIGNED BY EXAMINING PHYSICIAN

The medical certificate, due August 1, 2020, must be uploaded, faxed or mailed to the MAGNUS HEALTH portal. Questions?

Contact The Hockaday School Health Center at healthcenter@hockaday.org.

DO NOT MAIL THE MEDICAL CERTIFICATE TO HOCKADAY