



# THE HOCKADAY SCHOOL MEDICAL CERTIFICATE

## Day Students

Required for all NEW students and students entering  
Grades PK, KG, 1,3,5,7,9, & 11

Due JULY 1, 2024 for the 2024-2025 school year.

PERTINENT INFORMATION  
MAY BE SHARED WITH  
APPROPRIATE PERSONNEL

Parents Complete

Student's Name \_\_\_\_\_ Grade Fall '24-'25 \_\_\_\_\_  
 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 on the Resource Board. If your daughter requires an updated immunization record you will see it as a requirement in MAGNUS HEALTH.

- 7th Grade – proof of a Tdap booster and Meningitis vaccine is REQUIRED.

**New Students** - Upload a copy of your daughter's immunization record to the Hockaday MAGNUS HEALTH Portal on the Resource Board.

To Be Completed by Health Care Professional

### PHYSICAL EXAMINATION

Must be conducted after **July 1, 2023**. Exam Date: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

WNL or Neg	Abnormal or Pos	WNL or Neg	Abnormal or Pos	WNL or Neg	Abnormal or Pos
Skin .....	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen.....	<input type="checkbox"/>	<input type="checkbox"/>
Head ...	<input type="checkbox"/>	<input type="checkbox"/>	Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>
Heart....	<input type="checkbox"/>	<input type="checkbox"/>	Extremities....	<input type="checkbox"/>	<input type="checkbox"/>
Neck ....	<input type="checkbox"/>	<input type="checkbox"/>	Lungs, Chest..	<input type="checkbox"/>	<input type="checkbox"/>
Mouth..	<input type="checkbox"/>	<input type="checkbox"/>	GI.....	<input type="checkbox"/>	<input type="checkbox"/>

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

Screening is required for Grades PK, KG, 1,3, 5,7 and 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 July 1, 2024, must be uploaded to the MAGNUS HEALTH portal.*

*Questions, contact The Hockaday School Health Center at nurses@hockaday.org.*

**DO NOT MAIL THE MEDICAL CERTIFICATE TO HOCKADAY**