MESIVTA OF SUFFIELD

1760 Mapleton Avenue, Suffield, CT 06078
Bayla (347) 416 1672
E-mail: Registration@Yeshivacampus.com

MEDICAL REPORT (to be completed by Family Physician)

All students need to fill out this form. This is a strictly confidential report which will be kept as such in the Yeshiva's office files for scrutiny upon admission of students. This report will also be accessible to the physician for review in a medical case of a student while in attendance. You may send a printed immunization form in lieu of filling in the boxes below.
PLEASE PROVIDE THE FOLLOWING INFORMATION AND PROVIDE A COPY OF YOUR SON'S IMMUNIZATION RECORDS

STUDENT'S LAST NAME _____ **FIRST NAME** _____ **DATE of BIRTH** _____

AGE _____ **WEIGHT** _____ **HEIGHT** _____

ADDRESS _____ **TELEPHONE** _____

PHYSICIAN'S NAME _____ **ADDRESS** _____ **CITY** _____

TELEPHONE_____

Has student experienced any of the following? If marked yes, explain with dates below.

Allergy	Yes ❑	No ❑	Tonsils	Yes ❑	No ❑	Physical Disability	Yes ❑	No ❑
Allergic to Penicillin	Yes ❑	No ❑	Appendicitis	Yes ❑	No ❑	Limitations to physical activities	Yes ❑	No ❑
Asthma, Hives, Eczema	Yes ❑	No ❑	Emotional instability	Yes ❑	No ❑	Rheumatic Fever	Yes ❑	No ❑
Chicken Pox	Yes ❑	No ❑	Mental Disability	Yes ❑	No ❑	Food Sensitivities	Yes ❑	No ❑
German Measles	Yes ❑	No ❑	Seizures	Yes ❑	No ❑	Diabetes	Yes ❑	No ❑
Measles	Yes ❑	No ❑	Tonsillitis	Yes ❑	No ❑	Lung Trouble	Yes ❑	No ❑
Otitis media	Yes ❑	No ❑	Whooping Cough	Yes ❑	No ❑	Heart Issues	Yes ❑	No ❑

ADDITIONAL INFORMATION: _____
_____
_____

Any recent findings in any of the following areas? If marked yes, explain and give dates below.

Eyes	Yes ❑	No ❑	Skin	Yes ❑	No ❑	Speech	Yes ❑	No ❑
Ears	Yes ❑	No ❑	Throat	Yes ❑	No ❑	Orthopedic	Yes ❑	No ❑
Nose	Yes ❑	No ❑	Teeth	Yes ❑	No ❑	Nervous System	Yes ❑	No ❑

ADDITIONAL INFORMATION:_____
_____

MEDICATIONS:_____
_____

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MEDICAL REPORT (page 2)

Vaccine ***Date each dose was given →***	1st	2nd	3rd	4th	5th
Poliomyelitis (TOPV)					
DPT and/or Td *					
Measles (Rubeola - 10 day, red measles)					
Rubella (German Measles - 3 day measles)					
Mumps					
Other (specify)					

Some vaccines are available in combination with others such as measles and rubella (M-R) and measles, mumps and rubella (M-M-R). If the student received any combined vaccine, enter the date in each appropriate box.

* *Diphtheria, Pertussis or whooping cough, and Tetanus - OR -Tetanus and Diphtheria only*

Date and results of Tuberculosis Mantoux Text:

SIGNATURE OF PARENT/GUARDIAN_____ DATE_____ SIGNATURE OF PHYSICIAN_____ DATE_____