FEDERAL HILL PREPARATORY SCHOOL #45
Pre-Registration Information for
Fall 2019 Pre-K & Kindergarten

The following documents are required for pre-registration:

- Baltimore City Public Schools' student enrollment form found on the City School's website: https://www.baltimorecityschools.org/Page/24365
- Birth certificate or government-issued document showing birth date (copy accepted)
- At least two proofs of residency (copies accepted)
- Parent/guardian state-issued ID (copy accepted)
- Record of Physical Exam, with Immunization Certificate and Blood Lead Testing Certificate
- Proof of guardianship (if applicable)
- Individualized Education Program (IEP; if applicable)

On Thursday 2/7 and Friday 2/8, families can submit pre-registration documents to the FHPS office between 8:30am and 3:00pm or via email at slong@bcps.k12.md.us.

- Documents will NOT be accepted prior to February 7th at 8:30am. The time stamp from the email will be used to verify online submissions.
- Documents must be submitted all at one time as a complete file.
- There is NO ADVANTAGE to submitting/arriving early, because we randomize application order for the first two days. At the end of February 8th, all completed document files will be randomized to determine enrollment position. You will receive an email with your position on the list.
- Completed document files submitted on or after Monday February 11th will be added to enrollment lists in their order of submission, continuing through the summer. School hours for in-person submission are weekdays 8am-3pm.

Questions? Concerns? Change of information?
Contact Sara Long, principal, at slong@bcps.k12.md.us or 410-396-1207
Registration Information

Principal: Sara Long

School Information
Federal Hill Preparatory School
1040 William Street
Baltimore, Maryland 21230
(410) 396-1207

Pre-K Registration Materials Needed
- Birth certificate or other government-issued document indicating birth date
- Proof of guardianship (if necessary)
- Immunization record
- Proof of current physical examination
- At least two proofs of primary residence
  - Water, gas/electric, or phone bill (land line only)
  - Verifiable lease agreement
  - Rent receipt
  - Mortgage statement
  - Bank statement
- Individualized Education Program (IEP), if eligible (such as speech)
- Lead test certificate

Kindergarten Registration Materials Needed
- Birth certificate or other government-issued document indicating birth date
- Proof of guardianship (if necessary)
- Immunization record
- Proof of current physical examination
- At least two proofs of primary residence
  - Water, gas/electric, or phone bill (land line only)
  - Verifiable lease agreement
  - Rent receipt
  - Mortgage statement
  - Bank statement
- Individualized Education Program (IEP), if eligible (such as speech)
- Lead test certificate
EXPLORE
NEW
POSSIBILITIES

Pre-k & Kindergarten Registration

Baltimore City Public Schools
REGISTRATION INFORMATION

Congratulations! It's time for your child to register for pre-K or kindergarten!
Children who turn four or five by September 1, 2018, can register for pre-K or kindergarten.

To register at your neighborhood school, simply follow these steps:

1. Find your school by using the Neighborhood School Locator at www.baltimorecityschools.org/locator.
2. Fill out the registration form on pages 5–8 of this booklet.
3. Gather all the paperwork you need to begin the registration process:
   - Birth certificate or other government-issued document showing your child's birth date
   - Two proofs of primary residence dated within 30 days (water, gas/electric or telephone bill; verifiable lease agreement, rent receipt, or mortgage statement; bank statement)

To complete registration, you will also need:
   - Your child's immunization record (see page 4 for more information)
   - Lead test certificate (visit www.baltimorecityschools.org/earlylearning or ask at your school for the form)
   - Proof of your child's most recent physical exam (visit www.baltimorecityschools.org/earlylearning or ask at your school for the form)
   - If applicable, proof of guardianship
   - If applicable, your child's Individualized Education Program (IEP)

4. On or after April 16, take the registration form and paperwork with you to your neighborhood school.

If you're interested in applying for a charter school, contact that school directly to ask about their registration process.
STUDENT REGISTRATION FORM

SCHOOL USE ONLY

School Year __________  School Name  ___________________________  Grade _____
Local Student # ________________________________  Person ID # ________________________

Today's Date ____________________________  Enrollment Start Date ________________
Enrollment Start Status ________________  Immunizations Received: ☐ Yes  ☐ No

MSTH/DAY/YEAR  MTH/DAY/YEAR

Student Information

Legal Student Name  ____________________________

PREFFRED NAME (if applicable) ____________________________

Gender ☐ Male  ☐ Female  Date of Birth ______________

MONTH/DAY/YEAR  MONTH/DAY/YEAR

Where was the student born? ____________________________

When did the student first go to school in the U.S.? ____________________________

What school did the student last attend? ____________________________

Is the student Hispanic/Latino? ☐ Yes  ☐ No

What is the student's race or ethnicity? Check all that apply.

☐ American Indian/Alaska Native  ☐ Asian  ☐ Black/African American  ☐ Native Hawaiian/Other Pacific Islander  ☐ White

Is the student temporarily living with others due to lack of permanent housing, living in a shelter, living in a motel/hotel, or otherwise homeless? ☐ Yes  ☐ No

Does the student have a parent or guardian in the Active Duty, National Guard, or Reserve component of the United States military services? ☐ Yes  ☐ No

Does the student have an Individualized Education Program (IEP), Individual Family Service Plan (IFSP), 504 Plan, or receive other special programming? ☐ IEP  ☐ IFSP  ☐ 504  ☐ Other

Medical Information

Please check with the school principal and nurse regarding treatment plans during school hours.

Does the student have any serious medical conditions?

☐ Diabetes  ☐ Asthma  ☐ Epilepsy  ☐ Heart Disease  ☐ ADD/ADHD  ☐ Major Surgery  ☐ Vision/Hearing Difficulties  ☐ Other

Does the student have any allergies (food, insect, medication, environmental)? ☐ Yes  ☐ No

If yes, please list: ________________________________________________________

Does the student take any medication (including inhalers)? ☐ Yes  ☐ No

If yes, please list: ________________________________________________________

Maryland Home Language Survey

In accordance with federal and state requirements, the Home Language Survey will be administered to all students and used only for determining whether a student needs English language support services and will not be used for immigration matters or reported to immigration authorities.

If a language other than English is indicated on two or more of the three questions below, the student will be assessed for English language support services. Additional criteria for testing may be considered.

1. What language(s) did the student first learn to speak? ____________________________

2. What language does the student use most often to communicate? ____________________________

3. What language(s) are spoken in your home? ____________________________
STUDENT REGISTRATION FORM - Continued

PRIMARY HOUSEHOLD – This is the address where the student lives most of the time. If the student lives at two addresses, please fill out the “Secondary Household” section as well.

Street Address ____________________________________________________________

Mailing Address (if different) _______________________________________________

Household Phone Number _________________________________________________

Parent/Guardian 1

Legal Parent/Guardian Name ________________________________________________

_________________________________ ____________________________ _ ____________

Gender □ Male □ Female Date of Birth __________________________ Preferred Language

__________________________ _______________ ____________________________

Relationship to Student □ Parent □ Legal guardian □ Foster parent □ Step parent □ Other: __________________________

Email Address ___________________________ Cell Number ___________ Work Number _____________

Lives with student □ Yes □ No ___________________________ Has legal custody of student □ Yes □ No

Has permission to pick up student □ Yes □ No ___________________________ Gets mailings for student □ Yes □ No

Should have access to Campus Portal (online access to grades and attendance information; visit www.baltimorecityschools.org/campus) □ Yes □ No

Parent/Guardian 2

Legal Parent/Guardian Name ________________________________________________

_________________________________ ____________________________ _ ____________

Gender □ Male □ Female Date of Birth __________________________ Preferred Language

__________________________ _______________ ____________________________

Relationship to Student □ Parent □ Legal guardian □ Foster parent □ Step parent □ Other: __________________________

Email Address ___________________________ Cell Number ___________ Work Number _____________

Lives with student □ Yes □ No ___________________________ Has legal custody of student □ Yes □ No

Has permission to pick up student □ Yes □ No ___________________________ Gets mailings for student □ Yes □ No

Should have access to Campus Portal (online access to grades and attendance information; visit www.baltimorecityschools.org/campus) □ Yes □ No

SECONDARY HOUSEHOLD – Please fill out only if applicable (e.g., legal shared custody).

Street Address __________________________________________________________

Mailing Address (if different) ______________________________________________

Household Phone Number _________________________________________________

Parent/Guardian 1

Legal Parent/Guardian Name ________________________________________________

_________________________________ ____________________________ _ ____________

Gender □ Male □ Female Date of Birth __________________________ Preferred Language

__________________________ _______________ ____________________________

Relationship to Student □ Parent □ Legal guardian □ Foster parent □ Step parent □ Other: __________________________

Email Address ___________________________ Cell Number ___________ Work Number _____________

Lives with student □ Yes □ No ___________________________ Has legal custody of student □ Yes □ No

Has permission to pick up student □ Yes □ No ___________________________ Gets mailings for student □ Yes □ No

Should have access to Campus Portal (online access to grades and attendance information; visit www.baltimorecityschools.org/campus) □ Yes □ No

Parent/Guardian 2

Legal Parent/Guardian Name ________________________________________________

_________________________________ ____________________________ _ ____________

Gender □ Male □ Female Date of Birth __________________________ Preferred Language

__________________________ _______________ ____________________________

Relationship to Student □ Parent □ Legal guardian □ Foster parent □ Step parent □ Other: __________________________

Email Address ___________________________ Cell Number ___________ Work Number _____________

Lives with student □ Yes □ No ___________________________ Has legal custody of student □ Yes □ No

Has permission to pick up student □ Yes □ No ___________________________ Gets mailings for student □ Yes □ No

Should have access to Campus Portal (online access to grades and attendance information; visit www.baltimorecityschools.org/campus) □ Yes □ No
STUDENT REGISTRATION FORM—Continued

OTHER HOUSEHOLD MEMBERS – Please list any other individuals, including children, who live with the student (e.g., siblings, grandparents, etc.). Please list additional household members on a separate sheet of paper.

Household Member 1
Legal Name

Gender □ Male □ Female
Date of Birth ______________________ Relationship to Student ______________________
MONTH/DAY/YEAR

Is this person a current City Schools’ student? □ Yes □ No
Does this person live in the primary or secondary household? □ Primary □ Secondary

Household Member 2
Legal Name

Gender □ Male □ Female
Date of Birth ______________________ Relationship to Student ______________________
MONTH/DAY/YEAR

Is this person a current City Schools’ student? □ Yes □ No
Does this person live in the primary or secondary household? □ Primary □ Secondary

EMERGENCY CONTACTS

Emergency Contact 1
Legal Name

Gender □ Male □ Female
Date of Birth ______________________ Preferred Language ______________________
MONTH/DAY/YEAR

Relationship to Student □ Parent □ Legal guardian □ Foster parent □ Step parent □ Other: ______________________

Cell Number ______________________ Home Number ______________________ Work Number ______________________

Emergency Contact 2
Legal Name

Gender □ Male □ Female
Date of Birth ______________________ Preferred Language ______________________
MONTH/DAY/YEAR

Relationship to Student □ Parent □ Legal guardian □ Foster parent □ Step parent □ Other: ______________________

Cell Number ______________________ Home Number ______________________ Work Number ______________________

I agree that the information provided is complete and accurate. I understand that this information is being used by the school district for the purposes of registering my student. I understand that incomplete or inaccurate information may delay, prevent, or invalidate my student’s registration in school. I agree to promptly inform the school district of any changes in this information, including changes in the residency of my student.

Parent/Guardian Printed Name ______________________

Signature ______________________ Date ______________________
MONTH/DAY/YEAR
STUDENT REGISTRATION FORM – Pre-k/Kindergarten Addendum

If you are enrolling your child in pre-k or kindergarten, please fill out this section as well.

Number of primary household members ______________

Total monthly household income ____________________

Is the student fluent in English? ☐ Yes  ☐ No

Where did the student spend the most time in the last 12 months?

☐ Head Start  ☐ Family childcare (paid childcare provided at someone’s home that’s regulated by the state)

☐ Pre-k in a non-City Schools program

☐ Kindergarten  ☐ Home care (childcare provided in a home by a relative or non-relative)

☐ Non-public nursery school

☐ State-licensed childcare center  ☐ Other __________________

The Enoch Pratt Free Library would like to give your child his or her very own First Card, a free library card for young children that has no late fees. The First Card can be used at any Enoch Pratt Free Library in the city to borrow children’s materials. Your child will receive his or her First Card during the first few weeks of school. To learn more about the First Card, please visit www.prattlibrary.org.

☐ YES, please give my child a First Card. I understand that this means my name, email address, phone number and my child’s name, home address, birthday, and school will be shared with the Enoch Pratt Free Library system.

Please check all items below that apply to the student (please note that this information will help the school prepare needed supports):

☐ Child is not fully toilet trained  ☐ Parent or sibling is receiving special education services

☐ Parent/guardian has a chronic illness or is disabled  ☐ Child has asthma

☐ Child experienced death of a parent(s)  ☐ Child has long-term use of medication

☐ Child had a birth weight of six pounds or less  ☐ Child has hearing problems

☐ Child is/was in foster care  ☐ Parent has concerns about child’s development

☐ Child has/had delayed speech/language  ☐ Child has vision problems

☐ Child has a sibling with learning difficulties  ☐ Child has/is receiving speech/language therapy

☐ Child had exposure to lead  ☐ Child has/is receiving occupational therapy

☐ Child has/had a serious injury or trauma exposure

I agree that the information provided is complete and accurate. I understand that this information is being used by the school district for the purposes of registering my student. I understand that incomplete or inaccurate information may delay, prevent, or invalidate my student’s registration in school. I agree to promptly inform the school district of any changes in this information, including changes in the residency of my student.

Parent/Guardian Printed Name ________________________________

Signature __________________________________________________

Date _______________ MONTH/DAY/YEAR ________________________

Baltimore City Public Schools’ Notice of Non-discrimination

Baltimore City Public Schools does not discriminate on the basis of race, color, ancestry or national origin, religion, sex, sexual orientation, gender identity, gender expression, marital status, disability, veteran status, genetic information, or age in its programs and activities and provides equal access to the Boy Scouts of America and other designated youth groups.

For inquiries regarding the nondiscrimination policies, please contact: Equal Opportunity Manager, Title IX Coordinator, Equal Employment Opportunity and Title IX Compliance 200 E. North Avenue, Room 208 • Baltimore, MD 21202 • Phone: 410-396-8542 • Fax: 410-396-2955
MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME ___________________________ LAST ___________ FIRST ___________ MI ___________

SEX: MALE ☐ FEMALE ☐ BIRTHDATE ________ / ________ / ________

COUNTY ______________________ SCHOOL ____________________ GRADE ______

PARENT NAME ______________________________ PHONE NO. __________________

OR GUARDIAN ADDRESS ______________________ CITY ________ ZIP ______

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

<table>
<thead>
<tr>
<th>Dose #</th>
<th>DTP-DTαP-ΔT</th>
<th>Polio</th>
<th>Hib</th>
<th>Hep B</th>
<th>PCV</th>
<th>Rotavirus</th>
<th>MCV</th>
<th>HPV</th>
</tr>
</thead>
<tbody>
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<td>Mo/Day/Yr</td>
<td>Mo/Day/Yr</td>
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To the best of my knowledge, the vaccines listed above were administered as indicated.

1. Signature ___________________________ Title ___________________________ Date ___________
   (Medical provider, local health department official, school official, or child care provider only)

2. Signature ___________________________ Date ___________

3. Signature ___________________________ Date ___________

Lines 2 and 3 are for certification of vaccines given after the initial signature.

Clinic/Office Name
Office Address/Phone Number

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: ☐ Permanent condition OR ☐ Temporary condition until ________ / ________ / ________ Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication,

Signed: ___________________________ Date ___________
   Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: ___________________________ Date: ___________
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE

<table>
<thead>
<tr>
<th>CHILD'S NAME</th>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD'S ADDRESS</td>
<td>ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>SEX:</td>
<td>MALE</td>
<td>FEMALE</td>
<td></td>
</tr>
<tr>
<td>BIRTHDATE</td>
<td></td>
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</tr>
<tr>
<td>COUNTY</td>
<td>SCHOOL</td>
<td>GRADE</td>
<td></td>
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<tr>
<td>PARENT</td>
<td>OR</td>
<td>GUARDIAN</td>
<td></td>
</tr>
<tr>
<td>LAST</td>
<td>FIRST</td>
<td>MIDDLE</td>
<td>PHONE</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
</tr>
</tbody>
</table>

CERTIFICATION INFORMATION

The following applies to blood lead testing requirements and the duties of health care providers, parents/guardians, and the public schools:

1. The health care provider for a child who resides in an at-risk area, or has ever resided in an at-risk area as designated by the Maryland Targeting Plan for Childhood Lead Poisoning, shall administer a blood test for lead poisoning during the 12-month visit and again during the 24-month visit. At-risk areas by Zip Code are listed on the back of this form.

2. Beginning not later than September 2003, the parent or guardian of a child who currently resides, or has ever resided, in an at-risk area, shall provide to the designated administrator of the child’s school or program, evidence that the child has had blood lead testing, on entry into a Maryland public pre-kindergarten program or Maryland public school system at the level of pre-kindergarten, kindergarten or first grade.

3. Evidence of blood testing for lead poisoning sent to or received by a program or school shall be documented on a form approved by the Department that includes the following: name of the child, address of the child, date of the blood test(s) for lead poisoning, and the signature of the child’s health care provider or designee, or school health professional or designee that transcribed the information onto the approved form.

4. A list of children (including home contact information) whose parent/guardian does not comply with the requirement to provide evidence of blood lead testing, must be forwarded to the Local Health Department in the jurisdiction where the child resides.

RECORD OF BLOOD LEAD TESTING

| Test #1. | Date |
| Test #2. | Date |

Comments: ____________________________

Signature ____________________________ / ____________

Health Care Provider or Designee OR School Health Professional or Designee

RECORD OF BLOOD LEAD TESTING EXEMPTION

I, ____________________________ certify that my child does not AND has never resided in an at-risk area.

Parent or Guardian (Print) ____________________________ / ____________

Signature ____________________________ / ____________

Parent or Guardian

COMPLETE THE SECTION BELOW IF THE CHILD IS EXEMPT FROM LEAD TESTING ON RELIGIOUS GROUNDS. ANY LEAD TESTS THAT HAVE BEEN ADMINISTERED SHOULD BE ENTERED ABOVE. A LEAD RISK ASSESSMENT QUESTIONNAIRE MUST BE ADMINISTERED BY A HEALTH CARE PROVIDER IF THE CHILD IS EXEMPT FROM LEAD TESTING ON RELIGIOUS GROUNDS.

REligious objection:

1. I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child. Signed ____________________________ / ____________

Parent or Guardian

2. Lead Risk Assessment Questionnaire Administered: YES □ NO □ Signed ____________________________ / ____________

Health Care Provider
## PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

<table>
<thead>
<tr>
<th>Student’s Name (Last, First, Middle)</th>
<th>Birthdate (Mo, Day, Yr)</th>
<th>Sex (M/F)</th>
<th>Name of School</th>
<th>Grade</th>
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<thead>
<tr>
<th>Address (Number, Street, City, State, Zip)</th>
<th>Phone No.</th>
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<table>
<thead>
<tr>
<th>Parent/Guardian Names</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone No.</td>
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<table>
<thead>
<tr>
<th>Where do you usually take your child for routine medical care?</th>
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<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
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<tr>
<td>Phone No.</td>
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<table>
<thead>
<tr>
<th>When was the last time your child had a physical exam? Month</th>
<th>Year</th>
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<table>
<thead>
<tr>
<th>Where do you usually take your child for dental care?</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>Phone No.</td>
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</tbody>
</table>

### ASSESSMENT OF STUDENT HEALTH

To the best of your knowledge has your child any problem with the following? Please check

<table>
<thead>
<tr>
<th>Problem</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies (Food, Insects, Drugs, Latex)</td>
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<tr>
<td>Allergies (Seasonal)</td>
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<tr>
<td>Asthma or Breathing Problems</td>
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<tr>
<td>Behavior or Emotional Problems</td>
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<tr>
<td>Birth Defects</td>
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<td>Bleeding Problems</td>
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<tr>
<td>Cerebral Palsy</td>
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<tr>
<td>Dental</td>
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<td>Diabetes</td>
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<td>Ear Problems or Deafness</td>
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<tr>
<td>Eye or Vision Problems</td>
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<td>Head Injury</td>
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<tr>
<td>Heart Problems</td>
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<tr>
<td>Hospitalization (When, Where)</td>
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<tr>
<td>Lead Poisoning/Exposure</td>
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<tr>
<td>Learning problems/disabilities</td>
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<tr>
<td>Limits on Physical Activity</td>
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<tr>
<td>Meningitis</td>
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<tr>
<td>Prematurity</td>
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<tr>
<td>Problem with Bladder</td>
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<tr>
<td>Problem with Coughing</td>
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<tr>
<td>Seizures</td>
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<tr>
<td>Serious Allergic Reactions</td>
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<tr>
<td>Sickle Cell Disease</td>
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<tr>
<td>Speech Problems</td>
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<tr>
<td>Surgery</td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Does your child take any medication?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Name(s) of Medications:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is your child on any special treatments? (nebulizer, epi-pen, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Treatment:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does your child require any special procedures? (catheterization, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Parent/Guardian Signature:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

Maryland Schools - Record of Physical Examination Revised 12/04
PART II - SCHOOL HEALTH ASSESSMENT
To be completed ONLY by Physician/Nurse Practitioner

<table>
<thead>
<tr>
<th>Student's Name (Last, First, Middle)</th>
<th>Birthdate (Mo. Day Yr.)</th>
<th>Sex (M/F)</th>
<th>Name of School</th>
<th>Grade</th>
</tr>
</thead>
</table>

1. Does the child have a diagnosed medical condition?
   - No
   - Yes

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is at school? (e.g., seizure, insect sting allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE. Additionally, please "work with your school nurse to develop an emergency plan".
   - No
   - Yes

3. Are there any abnormal findings on evaluation for concern?

<table>
<thead>
<tr>
<th>Physical Exam</th>
<th>WNL</th>
<th>ABNL</th>
<th>Area of Concern</th>
<th>Health Area of Concern</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td>Attention Deficit/Hyperactivity</td>
<td></td>
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</tr>
<tr>
<td>Eyes</td>
<td></td>
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<td></td>
<td>Behavior/Adjustment</td>
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<tr>
<td>ENT</td>
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<td></td>
<td>Development</td>
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<tr>
<td>Dental</td>
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<td>Hearing</td>
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<tr>
<td>Respiratory</td>
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<td>Immunodeficiency</td>
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<tr>
<td>Cardiac</td>
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<td>Lead Exposure/Elevated Lead</td>
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<tr>
<td>GI</td>
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<td></td>
<td>Learning Disabilities/Problems</td>
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<tr>
<td>GU</td>
<td></td>
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<td></td>
<td>Mobility</td>
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<tr>
<td>Musculoskeletal/orthopedic</td>
<td></td>
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<td></td>
<td>Nutrition</td>
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<tr>
<td>Neurological</td>
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<td>Physical Illness/Impairment</td>
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<tr>
<td>Skin</td>
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<td></td>
<td>Psychosocial</td>
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<tr>
<td>Endocrine</td>
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<td></td>
<td></td>
<td>Speech/Language</td>
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<tr>
<td>Psychosocial</td>
<td></td>
<td></td>
<td></td>
<td>Vision</td>
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<td></td>
<td>Other</td>
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</tbody>
</table>

REMARKS: (Please explain any abnormal findings.)

4. RECORD OF IMMUNIZATIONS – DHMH 896 is required to be completed by a health care provider or a computer generated immunization record must be provided.

5. Is the child on medication? If yes, indicate medication and diagnosis.
   - No
   - Yes

   (A medication administration form must be completed for medication administration in school).

6. Should there be any restriction of physical activity in school? If yes, specify nature and duration of restriction.
   - No
   - Yes

7. Screenings
   - Tuberculin Test
   - Blood Pressure
   - Height
   - Weight
   - BMI %tile
   - Lead Test

<table>
<thead>
<tr>
<th>Results</th>
<th>Date Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional</td>
<td></td>
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</tbody>
</table>

Maryland Schools - Record of Physical Examination Revised 12/04
(Child's Name) has had a complete physical examination and has:

- no evident problem that may affect learning or full school participation
- problems noted above

Additional Comments:

<table>
<thead>
<tr>
<th>Physician/Nurse Practitioner (Type or Print)</th>
<th>Phone No.</th>
<th>Physician/Nurse Practitioner Signature</th>
<th>Date</th>
</tr>
</thead>
</table>