### Release of Health Information by Parent or Guardian

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<th>Date</th>
<th>First</th>
<th>Second</th>
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Date each dose was given

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### Additional Information From Health Examiner (Optional)

- Other
- Other
- Varicella (Chickenpox)
- Herpes B
- Hepatitis B
- MR (mumps, rubella, varicella)
- Pertussis (Whooping Cough, Pertussis in infancy)
- DPT/DTaP/1T (diphtheria, tetanus, and pertussis)
- Polio (OPV or IPV)
- Vaccine

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<table>
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<tr>
<th>Test</th>
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### Recommended Tests/Examinations

- Blood lead test
- Line test
- Blood test for anemia
- Tuberculin test (Mantoux/PPD)
- Audiometric screening
- Vision screening
- Developmental assessment
- Intellectual assessment
- Dental assessment
- Physical examination
- Health history

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### Health Examination

To be filled out by a parent or guardian.

**PART I**

- Address 
- City 
- ZIP code 
- State 
- County 
- School 
- Birth Date - Month/Day/Year

**PART II**

To be filled out by a health examiner. Please take into account any conditions or notes.

**PART III**

- Date

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Note: If relevant, please continue on the back of this form.