



OFFICE OF SCHOOL NURSE
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2020-2021 HEALTH CERTIFICATION - please type or print clearly

Today's Date: _____ Student's Name: _____

Sex: _____ Date of Birth: _____

Physician's Name: _____ Office Phone: _____

Significant Student Medical History - Please note illnesses, injuries, operations, etc. with dates:

Allergies: _____

Special Medications and /or Special Dietary Needs:

PHYSICAL EXAMINATION (please if normal, if abnormal and explain)

Height		Genitalia	
Weight		Musculo-Skeletal	
Blood Pressure/Pulse		Posture	
Vision: Right/Left		Feet	
Glasses: Yes/No		Skin	
Hearing		Speech	
Ears		Menarche at age	
Nose		Dysmenorrhea Severe	
Throat		General Health/Nutritional Status	
Heart		Behavior	
Lungs		Emotional Status	
Abdomen		Other	

I have found this child to be free of communicable diseases: yes no

PLEASE ATTACH A COPY OF AN UPDATED IMMUNIZATION RECORD INCLUDING BOOSTERS

Comments:

Physician's Signature: _____ Date: _____

Antilles Immunization Policy

DIRECTIONS TO PARENTS AND PHYSICIANS: IMMUNIZATIONS: ALL STUDENTS – NEW AND RETURNING

Antilles School must be in possession of a full and complete Immunization Record for either new or returning students, in accordance with federal and Virgin Island mandates. This record must specify type of immunization with the month, date and year administered and must be substantiated by the attending physician or an appropriate community health department.

PHYSICAL EXAMS: ALL STUDENTS (New and Returning)

A complete physical examination must be completed no earlier than June 6, 2020 and prior to August 17, 2020 at 0800. Results must be on file with the School Nurse.