



MUSD #20 2017-2018 Enrollment Health Checklist

PRINT

Student: _____ DOB: _____ Date Stamp: _____

Enrollment Packet completed by parent/guardian Yes No
Student sent to Health Office Yes No

****This process is critical. Failure to complete this process in a timely and accurate manner may be grounds for disciplinary action.

Health Office Visit Yes No

Date of Visit: _____ Time: _____

Vision screening Results: _____

Hearing Results: _____

Immunizations Complete Yes No

Action Taken: _____

Does your child have any of the following?

Chronic Illness Dx: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chronic Medical Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual Health Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Waiver Signed by Parent/Guardian (Marilyn has the Waiver)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
504 Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IEP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Documentation Requested	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food allergies or dietary restrictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Documentation Requested	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If all of the Health questions are marked "No", then there is no further action needed and the child is OK to enroll.

If any of the Health questions are marked "Yes", then the Health Office Staff will notify the appropriate teachers. They will then give you the OK to enroll and the health information will need to be entered into Synergy.

Cafeteria Notified/Signature: _____ Date/Time Stamped: _____

Classroom Teacher Notified/Signature: _____ Date/Time Stamped: _____

PE Teacher Signature: _____ Date/Time Stamped: _____

Music Teacher Signature: _____ Date/Time Stamped: _____

Parent/Legal Guardian Signature: _____ Date/Time Stamped: _____

Nurse Signature: _____ Date/Time Stamped: _____

Office Staff Signature: _____ Date/Time Stamped: _____

Principal Signature: _____ Date/Time Stamped: _____