

**CHANGES IN HEALTH HISTORY AND VACCINATION
RECORD
TO BE COMPLETED BY PARENT**

PPD TEST:

A PPD test is required every two years for students that have not been out of the United States and every year if the student has traveled abroad. Please give the date and result of your student’s last PPD.

Date of PPD test: _____ Result: _____

If the PPD test was positive, please give the date of last chest x-ray (must be within the past 3 years) and the result.

Date of CXR: _____ Result: _____

VACCINATIONS:

In the past year, has your child received any new vaccinations or boosters?

Yes No

If so, please list the immunizations and the dates:

HEALTH HISTORY:

In the past year, have there been any significant changes to your student’s medical history? This includes: surgeries, broken/fractured bones, serious illnesses, psychological or psychiatric care and counseling, adoptions/divorce/death in the family.

Yes No

If so, please list and explain: _____

Student name: _____

Parent signature: _____ **Date:** _____