



# MUSD #20 2018-2019 Enrollment Health Checklist

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: \_\_\_\_\_ \_\_\_\_\_ Yes \_\_\_\_\_ No  
Chronic Medical Form \_\_\_\_\_ Yes \_\_\_\_\_ No  
Individual Health Plan \_\_\_\_\_ Yes \_\_\_\_\_ No  
Waiver Signed by Parent/Guardian (Health Office has the Waiver) \_\_\_\_\_ Yes \_\_\_\_\_ No  
504 Plan \_\_\_\_\_ Yes \_\_\_\_\_ No  
IEP \_\_\_\_\_ Yes \_\_\_\_\_ No  
Medical Documentation Requested \_\_\_\_\_ Yes \_\_\_\_\_ No  
Food allergies or dietary restrictions \_\_\_\_\_ Yes \_\_\_\_\_ No  
Medical Documentation Requested \_\_\_\_\_ Yes \_\_\_\_\_ 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: \_\_\_\_\_