



Physical Examination Certification Form

(attach to and replace the physician certification pages of school, camp, sports, child care forms)

Student's Name: Bella D Rodriguez;	Date of Birth: 4/26/2018	Sex: female
Last Health Assessment Date: 9/13/2021		

Screening:
 NEGATIVE TB risk per screening questionnaire on 9/13/2021.
 NEGATIVE LEAD risk per screening questionnaire on 9/16/2020.

Pertinent Labs (as needed such as *lead, hemogram, etc.*):
 9/16/2020: PB <1 mcg/dL (Ref range: <5 mcg/dL); HCT 38.0 % (Ref range: 34.0 - 42.0 %); HGB 11.8 g/dl (Ref range: 11.5 - 14.0 g/dl)

Drug Allergy: Fruit c [ascorbic acid]

Pertinent Health Concerns (such as *asthma, autism, cancer, cerebrai palsy, developmental delay, diabetes, heart/kidney failure, scoliosis, seizure, sickle cell, etc.*):
 There are no relevant problems documented for this patient.

Pertinent Review of Systems:

- **Constitutional:** no concerns
- **Nutrition:** eats appropriate number of times per day with adequate fruit, vegetable, dairy intake, with adequate iron rich foods such as meat, eggs, iron-fortified cereals, beans, and limited sweets
- **Neuro/Developmental/Behavior:** no concerns (see development surveillance below)
 - **Sleep issues:** no concerns
- **Eyes / Vision:** no concerns
- **ENT:** no concerns
 - **Hearing:** no concerns
 - **Dental:** No Problem: has dental home for prevention
- **Respiratory:** no concerns
- **Cardiovascular:** no concerns
- **Musculoskeletal:** no concerns
- **Skin:** no concerns
- **Allergic, Heme/Lymph, Endo:** no concerns

3 year old development

Can Bella put on clothing? **yes**
 Does she engage in pretend play? **yes**
 Does she speak in understandable sentences? **yes**
 Does your child know her name, age, and gender? **yes**
 Can your child throw a ball? **yes**
 Can Bella walk upstairs alternating feet? **yes**
 Can your child pedal a tricycle ? **yes**
 Can your child draw a straight line and copy a circle ? **yes**
 Does your child know the name and use of a cup, ball, spoon and crayon? **yes**

Vision & Hearing Screening (as needed):

No previous results found.

Immunization History

Administered	Date(s) Administered
• DTaP-Hib-IPV (Diphtheria, Tetanus, acellular Pertussis, Haemophilus b, polio)	07/02/2018, 09/04/2018, 11/07/2018, 10/14/2019
• IAV ped/adol 2 dose sch (Hepatitis A)	05/10/2019, 09/16/2020
• IAV ped/adol, 3dose sch (Hepatitis B)	04/27/2018, 07/02/2018, 11/07/2018
• Pres Free (quadrivalent) (influenza)	10/14/2019

- INFS Pres Free 6mos-Adult (Flulaval Quadrivalent) (Influenza) 09/16/2020
- INFs pres free 6-35m (Quadrivalent) (Influenza) 11/07/2018, 01/14/2019
- MMR (Measles, Mumps, Rubella) 05/10/2019
- PNUcn13 (PREVNAR 13) (Pneumococcal conjugate, 13 valent) 07/02/2018, 09/04/2018, 11/07/2018, 05/10/2019
- ROT5 (Rotavirus live, pentavalent) 07/02/2018, 09/04/2018, 11/07/2018
- VAR (Varicella, chickenpox) 05/10/2019

Vitals & Physical Exam:

BP (!) 89/40 | Pulse 99 | Temp 98 °F (36.7 °C) (Tympanic) | Resp 28 | Ht 38.58" | Wt 34 lb 6.4 oz (15.6 kg) | SpO2 100% | BMI 16.25 kg/m²

BMI % 71 %ile (Z= 0.55) based on CDC (Girls, 2-20 Years) BMI-for-age based on BMI available as of 9/13/2021.

Height % 64 %ile (Z= 0.35) based on CDC (Girls, 2-20 Years) Stature-for-age data based on Stature recorded on 9/13/2021.

Weight % 70 %ile (Z= 0.53) based on CDC (Girls, 2-20 Years) weight-for-age data using vitals from 9/13/2021.

BP % Blood pressure percentiles are 44 % systolic and 14 % diastolic based on the 2017 AAP Clinical Practice Guideline. This reading is in the normal blood pressure range.

GENERAL: well appearing, normally developed, no apparent distress, appropriate behavior/affect/speech

SKIN: normal color, no lesions

SCALP/HAIR: normal

HEAD/FACE: normocephalic

EYES: normal eyes, normal lids, pupils equal, round, reactive to light, no esotropia noted

ENT

Ears: normal external ears, TMs and EAC normal

Nose: normal nares

Mouth/Throat: normal mouth, teeth, and pharynx

NECK: normal, supple, no masses

CHEST: no chest wall deformity

LUNGS: clear to auscultation, no wheezes, rales, or rhonchi; respiratory effort normal

CV: no murmurs, normal S1/S2, normal rate and rhythm

ABDOMEN: soft, nontender, non-distended, no hepatosplenomegaly, no palpable masses

EXTREMITIES: normal range of motion, no joint swelling

BACK: spine normal

NEURO: gross motor exam normal

HEME / LYMPH: no significant bruising, no adenopathy

Health Care Professional's Recommendation and Certification:

Bella D Rodriguez has had a complete physical examination and may fully participate in school, camp, child care activities, and is medically eligible for ALL SPORTS without restriction.

By electronic signature below, I certify that all of the information entered above is to the best of knowledge as of Bella D Rodriguez's most recent physical examination 9/13/2021.

Electronically Signed

CHERYL LYNN PARKS MD 9/13/2021 9:00 AM

CHERYL LYNN PARKS MD

7141 SECURITY BLVD

BALTIMORE MD 21244

A note to school/camp/childcare activity providers on how to Use this Form:

When attached to the parents completed sections of respective school enrollment and sports participation forms, please accept this **Kaiser Permanente Standard Physical Exam Certification** as a valid physician certification of physical examinations. For examples, this Kaiser Permanente Form replaces the following pages from **these and other similar forms**:

Part III (page 3) of the VHSL Athletic Participation/Parental Consent/Physical Examination Form

VIRGINIA HIGH SCHOOL LEAGUE, INC.
1642 State Farm Blvd., Charlottesville, Va. 22911

REVISED JANUARY 2021

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ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form is required for each school year **MAY 1** of the current year through **JUNE 30** of the succeeding year.

Part II, Section I (page 2, Certification of Immunization) and Part III (page 4) of the Commonwealth of Virginia School Entrance Health Form

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. The parent or guardian completes this page (Part I) of the form. The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Part II (page 3, 4) of the Maryland Schools Record of Physical Examination

**Maryland Schools
Record of
Physical Examination**

PART II - SCHOOL HEALTH ASSESSMENT

To be completed **ONLY** by Physician/Nurse Practitioner

Part 3, 5 of the MCPS Pre-Participation Physical Evaluation for Athletics

Pre-Participation Physical Evaluation for Athletics



Maryland State Department of Education
Maryland State Department of Health
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Rockville, Maryland 20850

MCPS Form SR-8
June 2019

PRE-PARTICIPATION PHYSICAL EVALUATION FOR ATHLETICS

Part 2-4 (page 1, 2) of DC DOH Universal Health Certificate

DC HEALTH Universal Health Certificate

Use this form to report your child's physical health to their school/child care facility. This is required by DC Official Code §38-602. Have a licensed medical professional complete part 2 - 4. Access health insurance programs at <https://dchealthlink.com>. You may contact the Health Suite Personnel through the main office at your child's school.

Part 2: Child's Health History, Exam, and Recommendations | To be completed by licensed health care provider

