



Burch Charter School of Excellence

100 Linden Avenue. Irvington, NJ 07111 , PH: (973)373-3223 - FAX: 973-373-3228



****TAKE MEDICAL FORM TO MEDICAL DOCTOR****

Medical Form and Immunization due October 20th 2020

Child's Last Name: _____ First Name: _____

Age _____ Sex _____ DOB _____ Grade _____

Address: _____

Parent's Phone # _____ Phone: # _____

Food allergies: NO YES -----	Asthma: NO YES
Medication NO YES	Medication
Action Plan List food allergy	asthma action plan require

Height		Vision: R	L	TB-Date performed	
Weight		Hearing R	L	TB Date Read	

Blood Pressure:	Seasonal Allergy NO YES	TB Results in mm	
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Chronic Medical Condition: List: Ongoing surgical concerns	IMMUNIZATION				
	POLIO				

List: Medications/Treatments:	MMR				
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List: Limitations to physical Activity:	HIB				
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List : Special Equipments Needs	HEP: B				
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List: Behavioral/Mental Health Diagnosis:	VAR		Hep: A		
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List: Emergency Plans:	PCV		MVC:		
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504 Accommodatin required- yes no	DTP				
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Physician's Name _____	other				
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Physician's Signature _____	Health Care Provider's Stamp				
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Address: _____					
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Date: _____	Phone # _____
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All required immunization is due before student starts school