



# Olney Friends School

61830 Sandy Ridge Road, Barnesville, OH 43713  
www.olneyfriends.org

## MEDICAL UPDATE – RETURNING STUDENT

Student Name : \_\_\_\_\_ Birth date: \_\_\_\_\_

Allergies: \_\_\_\_\_  
(Please include medications, food, environmental and bee/insect allergies)

Current medications: (Please include name, dosage and time to be given)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunizations given over the summer: (Please include name and date of immunization)  
1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

\* Please note - Mantoux TB testing is mandatory and must be done prior to start of each school year.\*

Date of test: \_\_\_\_\_ Test result \_\_\_\_\_

Chest X-ray must be done if student has a positive reaction for the FIRST time. Please provide the results of the chest X-ray \_\_\_\_\_

If student is a known positive reactor or has a previous documented history of TB, then he/she must be assessed for symptoms of TB. Please indicate if student is symptom free :

Yes \_\_\_ No \_\_\_ If no, please indicate symptoms and treatment \_\_\_\_\_

Physician/health care provider signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Please enclose a copy of the TB test result as well as any other pertinent information.\*\*\*

Illness/injury/hospitalization over the summer:  
( Please include dates and a brief description of the incident) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the above named student able to participate in the following:

1) Classroom and academic activities: Yes \_\_\_ No \_\_\_

2) Physical education classes: Yes \_\_\_ No \_\_\_

3) Competition/contact/collision sports: Yes \_\_\_ No \_\_\_

If "No", please indicate reason: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_