PLEASE COMPLETE FORMS PRIOR TO YOUR SBHC VISIT. 
THANK YOU!

PHYSICAL EXAMS

Visit our website at:

https://www.childandfamilyagency.org/what-we-do/all-forms/
Scroll down to “School-Based Health Centers”
Select “Bright Futures” with your child’s age
Complete and Submit

If your child plays sports on a school team, please complete our athlete preparticipation questionnaire:

https://www.childandfamilyagency.org/what-we-do/forms/sports-physical-evaluation/

If your child has a history of asthma, please complete the Asthma Control Test.
Under 11 years old:

https://www.childandfamilyagency.org/what-we-do/forms/sbhc-asthma-control-test-ages-4-11/
12 years old or older:

https://www.childandfamilyagency.org/what-we-do/forms/sbhc-asthma-control-test-ages-12-and-older/

Mental health screenings are completed at every well child visit. If your child is under 12 years old, please complete the Pediatric Symptoms Checklist:


VACCINES

Please complete our vaccine consent form:

https://www.childandfamilyagency.org/what-we-do/forms/sbhc-vaccine-consent/
Select vaccine(s) your child needs
Complete and Submit

If you would like your child to receive a flu vaccine at their SBHC:

https://www.childandfamilyagency.org/what-we-do/forms/consent-to-flu-vaccination/

IF YOU HAVE ANY QUESTIONS REGARDING OUR FORMS, PLEASE CALL OUR MAIN SCHOOL-BASED HEALTH CENTER OFFICE AT (860) 437-4555
MON-FRI 8:30AM-4:30PM