

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 participation 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:

<https://www.childandfamilyagency.org/what-we-do/forms/pediatric-symptom-checklist-psc-parent/>



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