Height		W€	eight	Blood Pressure
- g	Normal	Abnormal	Not	Explain Abnormalities
Skin				
Eyes, vision, glasses				
Ears, hearing				
Nose and throat				
Mouth, teeth, speech				
Glands				
Chest, lungs				
Cardiovascular, heart				
Abdomen, enlargement				
tenderness				
hernia				
Spine, back				
Scoliosis for Grade 7				
Posture				
Extremities				
Genitourinary				
Nervous System, reflexes				
Nutritional Status and general	appeara	ance o	of the child	
Recommendations for addition	al medi	cal or	dental car	e
This student may participate in a r □ yes □ no	ormal p	hysica	l education	program which includes such activities as running, jumping, tumbling.
If student must be restricted from p	articipat	ing in a	activities suc	ch as are listed above, please indicate physical activities that may be permitte
Date		Phy	/sician's Sig	nature

^{4/2003}

STUDENT MEDICAL RECORD

Only designated staff, such as the school nurse or physician, will have access to the completed form. This form will be stored in a locked file.

			Birth Date							
Address										
	Social Security Number									
Name of Father			Name of Mother							
History (Past illnes	ses and allergies. P	lease check th	hose he/she	has had.)						
☐ Ca ☐ Ch ☐ Dia ☐ Dip ☐ Ep ☐ He	☐ Cancer ☐ Chicken Pox ☐ Diabetes ☐ Diptheria ☐ Epilepsy ☐ Heart Disease ☐ Measles		Rheumatid Scarlet Fe Tuberculo Whooping Ear Infecti Other	c Fever ever sis Cough	Allergies: Asthma Hay Fever Insect Bites Penicillin Other Drugs					
xplain briefly factors	such as surgeries, ser	rious accidents	or injuries, co	ngenital defec	ets, which may	affect the c	hild's school experien			
MMUNIZATIONS -	lem by check: Head	immunization	SPECIFY	mpany this r			Speech ()			
State Ir Health Ph Co Official	mmunization Record Provider Record - m ysician's Record unty Health Departr Immunization Reco	d nust have sign ment Record ord from anothe	nature, stamp							
ABORATORY RE	CORD									
ТВ	Type* PPD Mantou: Other PPD Mantou:	_ / /	Given by	Date Read / / / / / /	Read By		Impression Pos Neg Pos Neg Neg			
SKIN TESTS	☐ Other ☐ PPD Mantou:			/ /			☐ Pos ☐ Neg			
SKIN	☐ PPD Mantou: ☐ Other	_ / /	ust be Manto	oux unless ex	xception grai	nted by loc	☐ Pos☐ Neg al health departmen			