

# 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.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Social Security Number \_\_\_\_\_

Name of Father \_\_\_\_\_ Name of Mother \_\_\_\_\_

History (Past illnesses and allergies. Please check those he/she has had.)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Cancer        | <input type="checkbox"/> Rheumatic Fever | Alergies:                             |
| <input type="checkbox"/> Chicken Pox   | <input type="checkbox"/> Scarlet Fever   | <input type="checkbox"/> Asthma       |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Tuberculosis    | <input type="checkbox"/> Hay Fever    |
| <input type="checkbox"/> Diptheria     | <input type="checkbox"/> Whooping Cough  | <input type="checkbox"/> Insect Bites |
| <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Ear Infections  | <input type="checkbox"/> Penicillin   |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other           | <input type="checkbox"/> Other Drugs  |
| <input type="checkbox"/> Measles       |  |                                       |

Explain briefly factors such as surgeries, serious accidents or injuries, congenital defects, which may affect the child's school experience:

\_\_\_\_\_

Indicate physical problem by check: Hearing ( ) Heart ( ) Sight ( ) Speech ( )

Other \_\_\_\_\_

SPECIFY

IMMUNIZATIONS – An official record of immunizations must accompany this medical record for all students entering school for the first time in the United States regardless of grade level. Records considered official are:

- State Immunization Record
- Health Provider Record – must have signature, stamp, or initials next to each date.
- Physicians Record
- County Health Department Record
- Official Immunization Record from another state
- School Immunization Record

## LABORATORY RECORD

	Type*	Dates Given	Given By	Date Read	Read By	Impression
<b>TB SKIN TESTS</b>	<input type="checkbox"/> PPD Mantoux	/ /		/ /		<input type="checkbox"/> Pos
	<input type="checkbox"/> Other	/ /		/ /		<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD Mantoux	/ /		/ /		<input type="checkbox"/> Pos
	<input type="checkbox"/> Other	/ /		/ /		<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD Mantoux	/ /		/ /		<input type="checkbox"/> Pos
	<input type="checkbox"/> Other	/ /		/ /		<input type="checkbox"/> Neg

\*If required by school entry, must be Mantoux unless exception granted by local health department

CHEST X-RAY Film date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Impressing:  normal  abnormal  
 Person is free of communicable tuberculosis:  yes  no

Signature/Agency \_\_\_\_\_

# PHYSICIAN'S EXAMINATION\*

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

N  
o  
r  
m  
a  
l  
  
A  
b  
n  
o  
r  
m  
a  
l  
  
N  
o  
t  
  
E  
x  
a  
m  
i  
n  
e  
d

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 appearance of the child \_\_\_\_\_

Recommendations for additional medical or dental care \_\_\_\_\_

This student may participate in a normal physical education program which includes such activities as running, jumping, tumbling  
 yes     no

If student must be restricted from participating in activities such as are listed above, please indicate physical activities that may be permitted \_\_\_\_\_

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_

\*To be completed by the family physician and kept on file at the school for all children, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination), c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education.