

# 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 | <b>Allergies:</b>                     |
| <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"/> Diphtheria    | <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 a 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.
- Physician's 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\*

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

	Normal	Abnormal	Not Examined	Explain Abnormalities
Skin				_____
Eyes, vision, glasses				_____
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.