

**SCHOOL HEALTH EXAMINATION RECORD**

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
I. CHILD'S NAME LAST FIRST MIDDLE BIRTH DATE HOME ADDRESS RESIDENCE PHONE

FATHER'S or GUARDIAN'S NAME PLACE OF EMPLOYMENT BUSINESS PHONE

MOTHER'S or GUARDIAN'S NAME PLACE OF EMPLOYMENT BUSINESS PHONE

PHYSICIAN'S NAME OFFICE PHONE

II. Is there anything about your child that the teacher needs to know to understand him better?

III. List diseases and other serious illnesses, injuries, or health conditions that your child has had and give dates (year only):

IV. Does any relative or anyone in the home have tuberculosis, diabetes or other illnesses? Describe:

# PHYSICIAN REPORT

CHILD'S NAME: \_\_\_\_\_

IMMUNIZATIONS				PHYSICAL ASSESSMENT	
Date	Date	Date	Date	Date	Date
DPT					
Td					
Polio Sabin (Tri)					
MMR					
Hep B					
Varivax					
Hib					
OTHER					
<b>SCREENING TESTS</b>					
Muscle Balance	Date	Result			
Farsightedness					
Color		RIGHT		LEFT	
Distance Acuity					
<b>HEARING</b>					
<b>TUBERCULIN</b>	Date	Test		Result	

Check one:

- Entirely within normal limits
- Abnormalities as follows:

Is there any reason why the student cannot carry out a full program of school work?

- Yes     No

Date \_\_\_\_\_

Signature of Examining Physician \_\_\_\_\_