

# 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 | Allergies: |                                       |
| <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 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.

Physician's Record

County Health Department Record

Official Immunization Record from another state

School Immunization Record

## LABORATORY RECORD

TB SKIN TESTS	Type*	Dates Given	Given by	Date Read	Read by	Impression
	<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 \_\_\_\_\_

	Normal	Abnormal	Not Examined
Skin			
Eyes, vision, glasses			
Ears, hearing			
Nose and throat			
Mouth, teeth, speech			
Glands			
Chest, lungs			
Cardiovascular, heart			
Abdomen, enlargement			
tenderness			
hernia			
Spine, back			
Scoliosis			
Posture			
Extremities			
Genitourinary			
Nervous System, reflexes			

Explain Abnormalities

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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 age 11, c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education.