

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

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.
- 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
TB SKIN TESTS	<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: _____ / _____ / _____ Impression: normal abnormal

Person is free is communicable tuberculosis yes no

Signature/Agency _____

