Buena Vista
Seventh-day Adventist School
We treasure each child who enters here as a gift of God

STUDENT MEDICAL RECORD

Only designated staff, such as the school nurse or physician, will have access to the completed form.

Name _____ Birth Date _____

Address _____

_____

Name of Father _____ Name of Mother _____

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

- ☐ Cancer
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ Diphtheria
- ☐ Epilepsy
- ☐ Heart Disease
- ☐ Measles
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Tuberculosis
- ☐ Whooping Cough
- ☐ Ear Infections
- ☐ Other_____
  _____

Allergies:

- ☐ Asthma
- ☐ Hay Fever
- ☐ Insect Bites
- ☐ Penicillin
- ☐ Other Drugs

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

_____

_____

Indicate physical problems by checking box:

☐ Hearing ☐ Sight ☐ Speech ☐ Other_____

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: Washington State Immunization Record.

LABORATORY RECORD

	Type*	Date Given	Given By	Date Read	Read By	Impression
TB SKIN TESTS	☐ PPD Mantoux ☐ Other_____					☐ Positive ☐ Negative
	☐ PPD Mantoux ☐ Other_____					☐ Positive ☐ Negative
	☐ PPD Mantoux ☐ Other_____					☐ Positive ☐ Negative
	*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 from communicable tuberculosis: ☐ Yes ☐ No

Signature_____ Agency_____

PHYSICAL EXAMINATION

To be completed by the family physician and kept on file at the school for all children entering school for the first time.

Student's Name _____ Height _____ Weight _____ Blood Pressure _____

	Normal	Abnormal	Not Examined	Comments
Skin				
Eyes, vision, glasses				
Ears, hearing				
Nose, throat				
Mouth, teeth, speech				
Glands				
Chest, lungs				
Cardiovascular, heart				
Abdomen - enlargement				
- tenderness				
- hernia				
Spine, back Scoliosis for 7th grade				
Posture				
Extremities				
Genitourinary				
Nervous system, reflexes				

Nutritional status and general appearance of child _____

_____

Recommendations for additional medical care _____

_____

This student may participate in a normal physical education program which includes such activities as running, jumping, and tumbling. ☐ Yes ☐ No ☐ Limited Participation

Please explain: _____

_____

_____

Physician's Signature _____ Date _____

Address _____