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.

	NameBirth Date									
ddress _										
	Social Security Number									
lame of F	ather			Name of Mother						
listorv (F	Past illne	sses and allergies. Pl	ease check t	hose he/she	has had.)					
, (☐ Ca			Rheumati		Allergies:				
	 □ Chicken Pox □ Diabetes □ Diptheria □ Epilepsy □ Heart Disease □ Measles 			☐ Scarlet Fever			☐ Asthma			
				Tuberculo Whooping		☐ Hay Fever☐ Insect Bites☐ Penicillin☐ Other Drugs				
				Ear Infect						
				Other						
xplain brie	fly factors	such as surgeries, ser	ious accidents	or injuries, co	ngenital defec	cts, which may	affect the child's school expe			
dicate phy	sical prol	olem by check: Hea	aring ()	Heart ()	Sight ()	Speech ()			
ther										
				SPECIFY						
	t time in t State Health Pl C Officia	An official record of he United States reg mmunization Record Provider Record - m nysician's Record bunty Health Departn I Immunization Record	ardless of graust have sign nent Record rd from anothe	ide level. Re ature, stamp	ecords consi	dered official				
ABORAT	ORY RE	CORD								
ABORAT	ORY RE	CORD Type*	Dates Given	Given by	Date Read	Read By	Impression			
ABORAT		Type* ☐ PPD Mantoux	(/ /	Given by	Date Read	Read By	☐ Pos			
	ТВ	Type* ☐ PPD Mantoux ☐ Other	(/ /	Given by	Date Read	Read By	☐ Pos ☐ Neg			
		Type* PPD Mantoux Other PPD Mantoux	(/ /	Given by	Date Read / / / / / /	Read By	☐ Pos ☐ Neg ☐ Pos			
	TB SKIN	Type* PPD Mantoux Other PPD Mantoux Other PPD Mantoux	(/ /	Given by	Date Read / / / / / / / / /	Read By	☐ Pos ☐ Neg ☐ Pos ☐ Neg ☐ Pos ☐ Neg ☐ Pos			
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; T	TB SKIN ESTS	Type* PPD Mantoux Other Other PPD Mantoux Other Other *If required by sc	(ust be Manto	/ / / / / / / / / / / / / / / / / / /	xception gran	Pos Pos Neg Pos Neg Neg Neg Neg ted by local health departr			

Height		We	eight	Blood Pressure			
	Normal	Abnormal	Not Examined	Explain Abnormalities			
Skin							
Eyes, vision, glasses							
Ears, hearing							
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	appeara	ance c	of the child				
Recommendations for addition	nal medi	cal or	dental car	e			
This student may participate in a r □ yes □ no	normal p	hysica	l education p	program which includes such activities as running, jumping, tumbling.			
If student must be restricted from p	articipat	ing in a	activities suc	ch as are listed above, please indicate physical activities that may be permitte			
Date		Physician's Signature					
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