SCHOOL HEALTH EXAMINATION RECORD

Page 1 – To be completed by Physician School: Incarnation

Child's Full Name _____ Male ____ Female ____
Last First Middle

Birthdate _____ Date Form Completed _____
Month / Day / Year Month / Day / Year

SCREENING TESTS			
	Right	Left	Referred for further testing
Hearing			
Vision			
If TUBERCULIN test given, please enter the information below:			
	Date	Type	Result
Tuberculin (if tested)			

Please attach immunization record!

PHYSICAL ASSESSMENT

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

IMMUNIZATIONS - complete if no form attached					
	Date	Date	Date	Date	Date
DPT or DTaP					
Td					
Polio OPV / IPV					
MMR					
Hepatitis B					
Varicella					
HIB					
Hepatitis A					
Pneumococcal					
Influenza					
Menactra					
Other					

_____ _____
Signature of Examining Physician Physician Name - Please print

Date: _____

PARENTS: PLEASE COMPLETE PAGE 2

School Health Examination Record

Page 2 – To be completed by Parent / Guardian

Child's Name _____

Father's Name _____

Father's address _____

Work phone _____ Home phone _____

Mother's Name _____

Mother's address _____

Work phone _____ Home phone _____

With whom does child live? Name _____ Relationship _____

Was this child born: full term _____ early _____ late _____

Did this child have any sickness or problems while in the nursery: yes _____ no _____

If yes, explain briefly _____

_____

ALLERGIES – Please list any allergies and what reaction your child has previously had to that allergen.

Medicines/drugs _____

Foods/plants/animals/other _____

_____

INJURIES and ILLNESSES – Please list any severe injuries or illnesses:

Injury / Illness	Age of Child	If Hospitalized (Year)

ADDITIONAL INFORMATION:

What medications are given daily? _____

Do you have any concerns about how your child gets along with other children? _____

_____

Do you have other comments or concerns about your child's health, development, behavior, family or home life that you would like the school to be aware of? _____

_____

_____

Completed by: _____

Relationship to child: _____