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.

torm will be s	tored in a locked file	•							
lame			Birth Date						
ddress			,						
				0		lumber			
·									
ame of Father			Name	of Mother					
istory (Past illnes	sses and allergies. P	lease check th	ose he/she	has had.)					
□ Cancer			Rheumati	c Fever		Allergies:			
	icken Pox		☐ Scarlet Fever			☐ Asthma			
	☐ Diabetes			sis		☐ Hay Fever			
□ Diptheria□ Epilepsy□ Heart Disease			Whooping			☐ Insect Bites☐ Penicillin☐ Other Drugs			
			Ear Infect Other	IONS					
	asies	٥	Oute			D Outer L	nugs		
plain briefly factors	such as surgeries, ser	ious accidents o	or injuries, co	ngenital defec	cts, which may	affect the ch	nild's school experien		
dicate physical prob	dom by chooks Hos	aring ()	Heart (1	Sight ()		Speech ()		
ilcate physical proc	iem by check. Hea	inig ()	Heart	,	Signt ()		Speech ()		
her									
			SPECIFY						
MILINIZATIONS -	An official record of	immunizations	e muet acco	mnany this r	medical reco	rd for all etu	dents entering sch		
	he United States reg						dents critering sen		
	mmunization Record								
Health	Provider Record - m	ust have signa	ature, stamp	o, or initials r	ext to each	date.			
	ysician's Record								
	ounty Health Departn								
Official Immunization Record from another state									
School	Immunization Reco	ra							
ABORATORY RE	CORD								
	T = +	D-1 0:	Ohana ka	Data Basad	David Bu				
	Type*	Dates Given	Given by	Date Read	Read By		Impression		
ТВ	☐ PPD Mantoux	9 /, /, 1		1 1			☐ Pos ☐ Neg		
SKIN	PPD Mantoux	/ / /		/ /			☐ Pos		
TESTS	Other	1 / /		1 1			□ Neg		
	PPD Mantoux	7 7		/ /			☐ Pos		
	Other	/ /		1 1			☐ Neg		
	*If required by sc	hool entry, mu	ist be Manto	oux unless e	xception grai	nted by loca	ıl health departmen		
CHEST X-RAY Film date:/ Impressing: ☐ normal ☐ abnormal									
	Person is free	is communica	ble tubercu	losis 🗆 ye	s □ no				
	Signature/Age	ncv							
ı	g					***			

Height				N'S EXAMINATION* Blood Pressure
Height	Normal	Abnormal	Not Examined 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 a	oppeara	ance (of the child	<u> </u>
Recommendations for additiona	al medi	cal or	dental car	е
This student may participate in a no	ormal p	hysica	l education p	program which includes such activities as running, jumping, tumbling.
If student must be restricted from pa	articipat	ing in :	activities suc	h as are listed above, please indicate physical activities that may be permitted.
Date		Ph	ysician's Sig	nature
		Ad	dress	
* To be completed by the family seven (this should include the scoli by the Conference Board of Educat	osis exa	ian an aminal	d kept on file tion), c) at le	e at the school for all children, a) entering school for the first time, b) at grade ast once in grades nine through twelve, and d) at other grades, when required

412NN