

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF SCHOOL HEALTH

Quick Reference

Physical Exam K/1 __ 6 __ 11 __

Dental Exam K/1 __ 3 __ 7 __

SCHOOL HEALTH RECORD

NAME: LAST, FIRST, MIDDLE	BIRTHDATE: MONTH, DAY, YEAR	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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HOME ADDRESS

ADDRESS CHANGE

FATHER'S NAME: LAST, FIRST, MIDDLE	MOTHER'S NAME: LAST, FIRST, MIDDLE
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PERSON WITH WHOM STUDENT LIVES IF OTHER THAN PARENT (SPECIFY)

1.	SCHOOL	DISTRICT	COUNTY
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

SCH YR.	GRADE	ROOM OR SECTION											

SPECIAL HEALTH PROBLEMS:

IMMUNIZATIONS AND TEST				
	ENTER MONTH, DAY AND YEAR EACH IMMUNIZATION WAS GIVEN			EXEMPTIONS
DIPHTHERIA & TETANUS				<input type="checkbox"/> MEDICAL EXEMPTION ON FILE <input type="checkbox"/> RELIGIOUS EXEMPTION ON FILE
POLIO				
HEPATITIS B				
MEASLES, MUMPS, RUBELLA				
VARICELLA				
OTHER (SPECIFY)				
	DATE	RESULT	DATE	RESULT
TUBERCULIN TESTS				
CHEST X-RAYS				

HOME AND FAMILY CONDITIONS, FAMILY MEDICAL HISTORY, PARENT CONCERNS:

PHYSICAL EXAMINATIONS

EXAMINATION I. GIVE SIGNIFICANT DETAILS OF CHILD'S MEDICAL HISTORY INCLUDING SERIOUS ILLNESS, CHILDHOOD DISEASES, OPERATIONS, ACCIDENTS, DISABILITIES (CONGENITAL OR ACQUIRED), SCHOOL ADJUSTMENT, GROUP PLAY, PHYSICAL, SOCIAL, OR EMOTIONAL DEVELOPMENT.

Date _____	PULSE	BLOOD PRESSURE	GENERAL NUTRITION	SKIN	EYES	EARS	NOSE & THROAT	TEETH & GINGIVA	GLANDS	HEART	LUNGS	ABDOMEN	GENITO-URINARY	NEURO-MUSCULAR SYSTEM	SKELETAL	SCOLIOSIS BENDING POSITION	EMOTIONAL STATUS	ALL OTHER
NORMAL																		
ABNORMAL																		

DID PARENTS ATTEND? YES NO

EXPLAIN FINDINGS AND NOTE RECOMMENDATIONS:

SIGNATURE OF EXAMINER

EXAMINATION II. INTERVAL HISTORY: PROVIDE MEDICAL HISTORY UPDATE; NOTE SIGNIFICANT CHANGES RE: PHYSICAL, SOCIAL OR EMOTIONAL DEVELOPMENT.

Date _____	PULSE	BLOOD PRESSURE	GENERAL NUTRITION	SKIN	EYES	EARS	NOSE & THROAT	TEETH & GINGIVA	GLANDS	HEART	LUNGS	ABDOMEN	GENITO-URINARY	NEURO-MUSCULAR SYSTEM	SKELETAL	SCOLIOSIS BENDING POSITION	EMOTIONAL STATUS	ALL OTHER
NORMAL																		
ABNORMAL																		

DID PARENTS ATTEND? YES NO

EXPLAIN FINDINGS AND NOTE RECOMMENDATIONS:

SIGNATURE OF EXAMINER

EXAMINATION III. INTERVAL HISTORY: PROVIDE MEDICAL HISTORY UPDATE; NOTE SIGNIFICANT CHANGES RE: PHYSICAL, SOCIAL OR EMOTIONAL DEVELOPMENT.

Date _____	PULSE	BLOOD PRESSURE	GENERAL NUTRITION	SKIN	EYES	EARS	NOSE & THROAT	TEETH & GINGIVA	GLANDS	HEART	LUNGS	ABDOMEN	GENITO-URINARY	NEURO-MUSCULAR SYSTEM	SKELETAL	SCOLIOSIS BENDING POSITION	EMOTIONAL STATUS	ALL OTHER
NORMAL																		
ABNORMAL																		

DID PARENTS ATTEND? YES NO

EXPLAIN FINDINGS AND NOTE RECOMMENDATIONS:

SIGNATURE OF EXAMINER

