SEVENTH-DAY ADVENTIST CHURCH

SOUTHERN NEW ENGLAND CONFERENCE
SCHOOL HEALTH RECORD

SCHOOL: _____

Allergies:

Name: *Last* *First* *M.*

_____

Address: _____

_____

Telephone:

Date of Birth: / /

Social Security #: _____

Gender: _____ M _____ F

TO BE COMPLETED BY PHYSICIAN

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	Special Tests	
DPT / DT / Dtap						LEAD TEST	
TD						Date	Results
POLIO IPV / OPV							
MMR							
Hib						TUBERCULIN TEST	
Hepatitis B							
Hepatitis A							
Varicella							
Chicken Pox Disease							

SCHOOL HEALTH SCREENINGS

SCHOOL YEAR	AGE	GRADE	HEARING		VISION		POSTURAL		PHYSICAL EXAM	OTHER	GROWTH	
			P/F	F/U	P/F	F/U	P/F	F/U			HT.	WT.

NAME _____

MEDICAL HISTORY (give dates)

Accidents	Ear Infections	Measles	Scarlet Fever
Allergy	Encephalitis	Meningitis	Strep. Throat
Chicken Pox	German Measles	Mumps	Tonsillitis
Congenital Anomaly	Heart Disease	Operations	Tuberculosis
Convulsions	Hernia	Poliomyelitis	Whooping Cough
Diabetes	Kidney Disease	Rheumatic Fever	Other

PERTINENT FAMILY MEDICAL HISTORY

PHYSICIAN'S EXAMINATION

(O) Normal (X) Abnormal (Comment: Specify consultation requested)

Age_____ BP_____/_____ Pulse_____ Hgt._____ Wgt._____

Physical Development_____

Nutritional Status_____

Skin _____

Eyes_____ Sclera_____ Pupils_____ Light & Distance: r._____ l._____ Glasses_____

Ears_____ Canals: r._____ l._____

Drums: r._____ l._____

Nose_____ Septum_____ Turbinates_____

Mouth_____ Lips_____ Tongue_____

Teeth _____ Gingiva_____

Neck _____ Mobility_____ Lymph nodes_____ Thyroid_____

Throat _____ Shape_____ Symmetry_____

Lungs _____

Heart_____ Rate_____ Rhythm_____ Murmur_____

Abdomen_____ Liver_____ Spleen_____ Hernias_____

Ano-Genital_____ Anus_____ Penis_____ Testicles: r._____ l._____

Labia_____

Spine_____

Lower Extremities_____ Range of Motion_____ Development_____ Strength_____

Upper Extremities_____ Range of Motion_____ Development_____ Strength_____

Cranial Nerve _____ I-XII_____ Gait_____ Coordination_____

Date of Exam_____ Physician's Signature _____

Physician's Name
Address, Tel. No.
(*Please Print*) _____