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SEE MANUAL FOR INSTRUCTIONS

(A) PUPIL PHYSICAL AND HEALTH RECORD (A)

For Use With Pupil Cumulative Record Folder

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Pupil Number	Name (Last / First / Middle)	Address	Male ..... Female ..... Marital Status	Birthdate

Name of Parent or Guardian	Address	Family Doctor	Address	Phone

Blood Type	Medicine Taken Regularly	Defects or Conditions that would have an effect on school performance

DISEASE AND IMMUNIZATION HISTORY

DISEASES	DATE	DISEASES	DATE
Allergies		Rheumatic Fever	
Chicken Pox		Scarlet Fever	
Diphtheria		Small Pox	
German Measles		Whooping Cough	
Hepatitis			
Measles		Operations and Injuries	
Mumps			
Pneumonia			
Poliomyelitis			

IMMUNIZATIONS	DATE			
	Original	Booster	Booster	Booster
Diphtheria				
Poliomyelitis				
Small Pox				
Tetanus				
Typhoid				
Whooping Cough				
G. Measles (Rubella)				
Measles (Rubeola)				
Mumps				
MMR				

TESTS	DATE	POS.
Tuberculin Tests		
Mantoux		
Patch		
Tine		
Small X-Ray		
Large X-Ray		

PHYSICAL EXAMINATION

	DATE:	DATE:	DATE:	DATE:	DATE:
General Appearance					
Posture					
Nutrition					
Skin					
Feet					
Nose and Throat					
Eyes and Ears					
Tonsils and Glands					
Heart and Lungs					
Abdomen					
Genitals					
Urinalysis					
Blood Count					
Blood Pressure					
Name of Examining Physician:					

DATE	Description of Abnormalities or Handicaps, Specific Recommendations and Comments by Physician

DENTAL EXAMINATION

	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
dition of Teeth						
Gums						
e of Dentist						

RECORD OF HEIGHT, WEIGHT, VISION AND HEARING

E	GRADE LEVEL	AGE	NAME OF SCHOOL	HEIGHT	WEIGHT	VISION				HEARING	
						With Glasses		No Glasses		Right	Left
						Right	Left	Right	Left		

COMMENTS AND OBSERVATIONS BY SCHOOL PERSONNEL AND NURSES

E	BY WHOM	