

SCHOOL MEDICAL EXAMINATION FORM

All local boards of education shall require a medical examination of each child first entering school within a period of six months prior to or one month following admission to school, and have an approved program of continuous health supervision which shall include evidence of having been screened for vision and hearing

Please complete the identifying information and records.

IDENTIFYING INFORMATION

Student Name _____ Date of Birth _____
Parent or Guardian Name _____ Home Phone _____
Address _____ Cell Phone _____

RECORD OF IMMUNIZATION to be reported on immunization certificate form EPID...230.

MEDICAL HISTORY

Seizures: _____
Chronic Illness: _____
Allergies: _____
Medications: _____
Significant Historical Information: _____

Physical Exam:

N	Abnormal		Height _____	Weight _____	BP _____
_____	_____	General Appearance	Hearing R _____	L _____	
_____	_____	HEENT	Vision R _____	L _____	
_____	_____	Skin	School Readiness _____		
_____	_____	Neck	Needs Evaluation _____		
_____	_____	Abd-Genitalia	HCT/RGB _____		
_____	_____	Extremities-Black			
_____	_____	Neuro			

Explain Abnormal Exam :

Recommendations:

_____ No Restrictions
_____ Restrictions and suggestions to school: _____

Age appropriate and suggested anticipatory guidance (health assessment)

_____ Discuss injury prevention with parents
_____ Bicycle Safety _____ Car Seat Belts _____ Memorization of Name, Address and Phone Number
_____ Advise the child not to go with or accept anything from strangers and feel free to say "NO" to strangers.
_____ Emphasize the importance of dental care.
_____ Discuss Mental Health issues.

Signed: _____ Date _____
Physician
Address _____ Telephone _____