

# 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 \_\_\_\_\_