

Child's Name				Address				Birth Date				
Last		First		Middle								
Name of Parent or Guardian			Address			Family Physician		Address				
Blood Type if Known		Medicine Taken Regularly		Conditions Which Could Affect School Work								
DISEASES	DATE	DISEASES	DATE	IMMUNIZATIONS	DATE				TESTS	DATE	POS	NEG
					Original	Booster	Booster	Booster				
Allergies/Asthma		Rheumatic Fever		DTap/DTP/DT					Tuberculin Tests			
Chicken Pox		Scarlet Fever		Td								
Diabetes		Whooping Cough		IPV/OPV								
Hepatitis				MMR								
Measles				HIB								
Mumps		Surgery		HBV					*New 2008			
Mononucleosis		Injuries		Varicella					Lead test			
Pneumonia				Pneumococcal								
Poliomyelitis				Others								
PHYSICAL EXAMINATION												
	DATE	HEIGHT	WEIGHT	HEARING		VISION						
General Appearance				Right	Left	WITH GLASSES		NO GLASSES				
Posture						Right	Left	Right	Left			
Nutrition												
Skin				COMMENTS BY PHYSICIAN								
Feet												
Nose and Throat												
Eyes and Ears												
Tonsils and Glands												
Heart and Lungs												
Abdomen												
Genitals												
Urinalysis												
Blood Count												
Blood Pressure												
* <i>New Requirement for 2008*</i> DENTAL SCREENING: May be completed by a physician, dentist, dental hygienist, public health or school nurse.												
Condition of Teeth												
Condition of Gums												