MEDICAL HISTORY FORM

Only designated staff, such as the school nurse or physician, will have access to the completed form. This form will be stored in a locked file.

Entering Grade _____

Name _____ Birth Date _____

Address _____

_____

Name of Father _____ Name of Mother _____

History (Past illnesses and allergies. Please check those he/she has had.)

- ☐ Cancer
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ Diphtheria
- ☐ Epilepsy
- ☐ Heart Disease
- ☐ Measles
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Tuberculosis
- ☐ Whooping Cough
- ☐ Ear Infections
- ☐ Other

Allergies:

- ☐ Asthma
- ☐ Hay Fever
- ☐ Insect Bites
- ☐ Penicillin
- ☐ Other Drugs

Explain briefly factors such as surgeries, serious accidents or injuries, congenital defects, which may affect the child's school experience.

_____

Indicate physical problems by check: ☐ Hearing ☐ Heart ☐ Sight ☐ Speech

Other _____

PHYSICAL EXAM FORM*

Student Name _____ Height _____ Weight _____

Blood Pressure _____

	Normal	Abnormal	Not Examined	Explain Abnormalities
	☐	☐	☐	
Skin	☐	☐	☐	
Eyes, vision, glasses	☐	☐	☐	
Ears, hearing	☐	☐	☐	
Nose and throat Mouth,	☐	☐	☐	
teeth, speech Glands	☐	☐	☐	
Chest, lungs	☐	☐	☐	
Cardiovascular, heart	☐	☐	☐	
Abdomen, enlargement	☐	☐	☐	
tenderness	☐	☐	☐	
hernia	☐	☐	☐	
Spine, back	☐	☐	☐	
Scoliosis for Grade 7	☐	☐	☐	
Posture	☐	☐	☐	
Extremities	☐	☐	☐	
Genitourinary	☐	☐	☐	
Nervous System, reflexes	☐	☐	☐	

Nutritional status general appearance of the child _____

_____

Recommendations for additional medical or dental care _____

This student may participate in a normal physical education program which includes such activities as running, jumping, tumbling.

☐ Yes ☐ No

If student must be restricted from participating in activities such as are listed above, please indicate physical activities that may be permitted.

_____

Date _____ Physician's Signature _____

Address _____

*To be completed by the family physician and kept on file at the school for all children, **a)** entering school for the first time, **b)** at grade seven (this should include the scoliosis examiniation), **c)** at least once in grades nine through twelve, **d)** at other grades when required by the Conference Board of Education.