

MEDICAL HISTORY AND PHYSICAL EXAM

Student _____

Date of birth _____ Male Female

Parents _____

Medical and Health History

| History | Date | Comments |
|--------------------------------|------|--|
| Allergies | | To Medications _____ To Food _____ Other _____ Epi-pen <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Asthma | | |
| Illness: chronic/serious | | |
| Chickenpox | | <input type="radio"/> Diagnosed <input type="radio"/> By report |
| Injury: serious | | |
| Hospitalization/ Surgery | | |
| Medications | | |
| Other | | |
| Immunizations Attach IRIS form | | <input type="radio"/> Up to date for school entry <input type="radio"/> Boosters needed: |

Parent's Statement on Sharing of Information:

Information on this form is confidential and will be filed in the school nurse's office. I acknowledge that the information noted on this form will be shared with school staff members only on a need-to-know basis for the safety and well-being of my child.

Parent/Guardian Signature _____

Date _____

Physical Exam and Assessment
By Physician, Nurse Practitioner or Physician Assistant

Ht _____ Wt _____ BMI _____ BP _____

Vision: Right 20/____ Left 20/____ Near Vision 20/____

Dental: State Dental Form required

Lead Screening: Date: _____ Results _____

| System | WNL | Comments |
|----------------------|-----|-----------------------------------|
| General appearance | | |
| Skin | | |
| Eyes | | |
| Ears/Hearing | | |
| Mouth/Nose/Throat | | |
| Speech | | |
| Cardiovascular/heart | | |
| Pulmonary/lungs | | |
| Abdomen | | |
| Genitourinary | | |
| Musculoskeletal | | |
| Spinal | | Scoliosis Screening: WNL Referred |
| Neurologic | | |
| Emotional/social | | |
| Labs if indicated | | UA Hgb Hct Other |
| TB risk | | Mantoux if indicated: Date Result |

Health conditions requiring intervention/modification at school:

Physical Education Program: Full _____ Limited _____ None _____
Reason:

Examined by (print) _____ Date _____

Signature _____ Date _____

Clinic _____ Phone _____