

SCHOOL CITY OF HOBART

School \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**PAST MEDICAL HISTORY AND DEVELOPMENTAL HISTORY:**

Weight \_\_\_\_\_ Length \_\_\_\_\_ Type of Delivery: N I C P \_\_\_\_\_ Walked \_\_\_\_\_ Talked \_\_\_\_\_

Speech Difficulty \_\_\_\_\_ Feeding Problem \_\_\_\_\_ Jaundice \_\_\_\_\_ Asthma \_\_\_\_\_

Allergies \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Ear Infections \_\_\_\_\_ Diabetes \_\_\_\_\_

Operations \_\_\_\_\_ Serious Injury \_\_\_\_\_

**IMMUNIZATIONS:**

DTaP/DTP/DT/Td #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_

Polio (IPV) #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_

MMR (Measles, Mumps, Rubella) #1 \_\_\_\_\_ #2 \_\_\_\_\_

Hepatitis B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ Other \_\_\_\_\_

Varicella \_\_\_\_\_ Chickenpox Disease Date \_\_\_\_\_

Tuberculin Test: Type \_\_\_\_\_ Date \_\_\_\_\_ Reading \_\_\_\_\_

**PHYSICAL EXAMINATION:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Urine \_\_\_\_\_ Glucose \_\_\_\_\_ Vision OD \_\_\_\_\_ OS \_\_\_\_\_

Ears \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_ Tonsils \_\_\_\_\_ Lungs \_\_\_\_\_ Spine \_\_\_\_\_

Heart \_\_\_\_\_ Nervous System \_\_\_\_\_ Skin/Scalp \_\_\_\_\_ Orthopedic Defects \_\_\_\_\_

May this child take full participation in playground and gym activity? \_\_\_\_\_

Medications & reason for taking \_\_\_\_\_

Recommendations or restrictions? \_\_\_\_\_

Date \_\_\_\_\_ Examining Physician \_\_\_\_\_ Phone \_\_\_\_\_

DENTAL EXAMINATION:

Condition of teeth and gums \_\_\_\_\_

Dental work required \_\_\_\_\_

Dental work completed \_\_\_\_\_

Date \_\_\_\_\_ Examining Dentist \_\_\_\_\_

SCHOOL SCREENING PROGRAMS - RESULTS										
Date	Grade	Growth Record		Visual Record		Auditory Record		Blood Pressure	Scoliosis	Initial
		HT "	WT #	R. Eye	L. Eye	R. Ear	L. Ear			
				N 20/	20/					
				F 20/	20/					
				N 20/	20/					
				F 20/	20/					
				N 20/	20/					
				F 20/	20/					
				N 20/	20/					
				F 20/	20/					
				N 20/	20/					
				F 20/	20/					
				N 20/	20/					
				F 20/	20/					
				N 20/	20/					
				F 20/	20/					

NOTES: (Record information pertinent to student's health, either physical or mental, such as disease, problems, speech, etc.)

Date	Grade	Information	Signature