

Northern New England Conference of Seventh-day Adventists, Inc.

SCHOOL HEALTH RECORD

Child's Name _____ Sex _____ Birthdate _____

Address _____ School _____

IMMUNIZATION	DATE	IMMUNIZATION	DATE	OTHER IMMUNIZATIONS	DATE	SPECIAL TESTS	
DPT <i>(Diphtheria, Tetanus, Pertussis)</i>		Polio <i>Oral Trivalent (TOPV)</i>				Tuberculin	
						Results Date	
		Measles				Lead Test	
Td <i>(Tetanus, Diphtheria) Adult Type Within 10 Years</i>		Mumps					
		Rubella					
		MMRII					

MEDICAL HISTORY (GIVE DATES)

- | | | | |
|--------------------------|----------------------|-----------------------|----------------------|
| _____ Accidents | _____ Ear Infections | _____ Measles | _____ Scarlet Fever |
| _____ Allergy | _____ Encephalitis | _____ Meningitis | _____ Strep Throat |
| _____ Chicken Pox | _____ Rubella | _____ Mumps | _____ Tonsillitis |
| _____ Congenital Anomaly | _____ Heart Disease | _____ Operations | _____ Tuberculosis |
| _____ Convulsions | _____ Hernia | _____ Poliomyelitis | _____ Whooping Cough |
| _____ Diabetes | _____ Kidney Disease | _____ Rheumatic Fever | _____ Other |

PERTINENT FAMILY MEDICAL HISTORY

SUMMARY OF SIGNIFICANT TREATMENT PROGRAMS, INCLUDING CURRENT MEDICATIONS AND SUGGESTIONS FOR PROGRAM ADJUSTMENT IF INDICATED.

PRIVATE PHYSICIAN'S EXAMINATION

In order to ensure a quality standard of complete examination for each school child, please record your findings after each line.

(O) = Normal (X) = Abnormal

Exam _____ **Comment** _____ **Treatment** _____

Age _____ BP _____ Pulse _____

Height _____ Weight _____

Physical Development _____ Nutritional Status _____

Skin _____

Eyes _____ Sclera _____ Pupils _____

Light & Distance R _____ L _____ Glasses _____

Ears _____ Canals R _____ L _____

Drums R _____ L _____

Nose _____ Septum _____ Turbinates _____

Mouth _____ Lips _____ Tongue _____ Pharynx _____

Teeth _____ Gingiva _____

Neck _____ Mobility _____ Lymph Nodes _____

Thyroid _____

Throat _____ Shape _____ Symmetry _____

Lungs _____

Heart _____ Rate _____ Rythm _____ Murmur _____

Abdomen _____ Liver _____ Spleen _____

Hernias _____

Ano-Genital _____ Anus _____ Penis _____

Testicles _____ R _____ L _____

Tanner Stage _____

Spine _____

Lower Extremities _____ Range of Motion _____

Development _____ Strength _____

Upper Extremities _____ Range of Motion _____

Development _____ Strength _____

Cranial Nerve _____ I-XII _____

Gait _____ Coordination _____

LAB TESTS

Doctor's Signature _____

HGB/Hct _____ Address _____

Other _____ Date of Exam _____