

# 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

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

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# 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**

<u>Exam</u>	<u>Comment</u>	<u>Treatment</u>
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 _____		
<b>LAB TESTS</b>	Doctor's Signature _____	
HGB/Hct _____	Address _____	
Other _____	Date of Exam _____	