

STUDENT MEDICAL RECORD

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.

Name _____ Birth Date _____

Address _____

_____ Social Security Number _____

Name of Father _____ Name of Mother _____

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

- | | | |
|--|--|------------|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Rheumatic Fever | Allergies: |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Scarlet Fever | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Whooping Cough | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Ear Infections | |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Measles | | |

- Asthma
 Hay Fever
 Insect Bites
 Penicillin
 Other Drugs

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

Indicate physical problem by check: Hearing () Heart () Sight () Speech ()

Other _____
SPECIFY

IMMUNIZATIONS – An official record of immunizations must accompany this medical record for all students entering school for the first time in the United States regardless of grade level. Records considered official are:

- State Immunization Record
- Health Provider Record – must have signature, stamp, or initials next to each date.
- Physician's Record
- County Health Department Record
- Official Immunization Record from another state
- School Immunization Record

LABORATORY RECORD

TB SKIN TESTS	Type*	Dates Given	Given by	Date Read	Read by		Impression
	<input type="checkbox"/> PPD Mantoux		/ /		/ /		
<input type="checkbox"/> Other		/ /		/ /			<input type="checkbox"/> Neg
<input type="checkbox"/> PPD Mantoux		/ /		/ /			<input type="checkbox"/> Pos
<input type="checkbox"/> Other		/ /		/ /			<input type="checkbox"/> Neg
<input type="checkbox"/> PPD Mantoux		/ /		/ /			<input type="checkbox"/> Pos
<input type="checkbox"/> Other		/ /		/ /			<input type="checkbox"/> Neg

*If required by school entry, must be Mantoux unless exception granted by local health department

CHEST X-RAY Film date: ____ / ____ / ____ Impressing: Normal Abnormal

Person is free of communicable tuberculosis Yes No

Signature/Agency _____