H511.341N (Rev. 6/2003)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
**DIVISION OF SCHOOL HEALTH**

| Quick Reference | | | |
|---|---|---|---|
| Physical Exam | K/1 ___ | 6 ___ | 11 ___ |
| Dental Exam | K/1 ___ | 3 ___ | 7 ___ |

# SCHOOL HEALTH RECORD

| NAME: LAST, FIRST, MIDDLE | BIRTHDATE: MONTH, DAY, YEAR | SEX ☐ MALE ☐ FEMALE |
|---|---|---|
| HOME ADDRESS | | |
| ADDRESS CHANGE | | |
| FATHER'S NAME: LAST, FIRST, MIDDLE | MOTHER'S NAME: LAST, FIRST, MIDDLE | |
| PERSON WITH WHOM STUDENT LIVES IF OTHER THAN PARENT (SPECIFY) | | |

| SCHOOL | DISTRICT | COUNTY |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

| SCH YR | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GRADE | | | | | | | | | | | | | | | | | |
| ROOM OR | | | | | | | | | | | | | | | | | |
| SECTION | | | | | | | | | | | | | | | | | |

**SPECIAL HEALTH PROBLEMS:**

**IMMUNIZATIONS AND TESTS**

| | ENTER MONTH, DAY AND YEAR EACH IMMUNIZATION WAS GIVEN | | | | | | EXEMPTIONS |
|---|---|---|---|---|---|---|---|
| DIPHTHERIA & TETANUS | | | | | | | ☐ MEDICAL EXEMPTION ON FILE |
| POLIO | | | | | | | |
| HEPATITIS B | | | | | | | |
| MEASLES, MUMPS, RUBELLA | | | | | | | ☐ RELIGIOUS EXEMPTION ON FILE |
| VARICELLA | | | | | | | |
| OTHER (SPECIFY) | | | | | | | |

| | DATE | RESULT | DATE | RESULT |
|---|---|---|---|---|
| TUBERCULIN TESTS | | | | |
| CHEST X-RAYS | | | | |

**HOME AND FAMILY CONDITIONS, FAMILY MEDICAL HISTORY, PARENT CONCERNS:**

## PHYSICAL EXAMINATIONS

**EXAMINATION I.** GIVE SIGNIFICANT DETAILS OF CHILD'S MEDICAL HISTORY INCLUDING SERIOUS ILLNESS, CHILDHOOD DISEASES, OPERATIONS, ACCIDENTS, DISABILITIES (CONGENITAL OR ACQUIRED), SCHOOL ADJUSTMENT, GROUP PLAY, PHYSICAL, SOCIAL, OR EMOTIONAL DEVELOPMENT.

| DATE _____ | PULSE | BLOOD PRESSURE | GENERAL NUTRITION | SKIN | EYES | EARS | NOSE & THROAT | TEETH & GINGIVA | GLANDS | HEART | LUNGS | ABDOMEN | GENITO-URINARY | NEURO-MUSCULAR SYSTEM | SKELETAL | SCOLIOSIS BENDING POSITION | EMOTIONAL STATUS | ALL OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NORMAL | | | | | | | | | | | | | | | | | | |
| ABNORMAL | | | | | | | | | | | | | | | | | | |

DID PARENTS ATTEND? YES ☐ NO ☐

EXPLAIN FINDINGS AND NOTE RECOMMENDATIONS:

SIGNATURE OF EXAMINER

**EXAMINATION II. INTERVAL HISTORY:** PROVIDE MEDICAL HISTORY UPDATE; NOTE SIGNIFICANT CHANGES RE: PHYSICAL, SOCIAL OR EMOTIONAL DEVELOPMENT.

| DATE _____ | PULSE | BLOOD PRESSURE | GENERAL NUTRITION | SKIN | EYES | EARS | NOSE & THROAT | TEETH & GINGIVA | GLANDS | HEART | LUNGS | ABDOMEN | GENITO-URINARY | NEURO-MUSCULAR SYSTEM | SKELETAL | SCOLIOSIS BENDING POSITION | EMOTIONAL STATUS | ALL OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NORMAL | | | | | | | | | | | | | | | | | | |
| ABNORMAL | | | | | | | | | | | | | | | | | | |

DID PARENTS ATTEND? YES ☐ NO ☐

EXPLAIN FINDINGS AND NOTE RECOMMENDATIONS:

SIGNATURE OF EXAMINER

**EXAMINATION III. INTERVAL HISTORY:** PROVIDE MEDICAL HISTORY UPDATE; NOTE SIGNIFICANT CHANGES RE: PHYSICAL, SOCIAL OR EMOTIONAL DEVELOPMENT

| DATE _____ | PULSE | BLOOD PRESSURE | GENERAL NUTRITION | SKIN | EYES | EARS | NOSE & THROAT | TEETH & GINGIVA | GLANDS | HEART | LUNGS | ABDOMEN | GENITO-URINARY | NEURO-MUSCULAR SYSTEM | SKELETAL | SCOLIOSIS BENDING POSITION | EMOTIONAL STATUS | ALL OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NORMAL | | | | | | | | | | | | | | | | | | |
| ABNORMAL | | | | | | | | | | | | | | | | | | |

DID PARENTS ATTEND? YES ☐ NO ☐

EXPLAIN FINDINGS AND NOTE RECOMMENDATIONS:

SIGNATURE OF EXAMINER

## PROGRESS NOTES

NOTES : INCLUDE CONFERENCES WITH TEACHER, ADMINISTRATOR, PARENT, AGENCY PERSONNEL, PHYSICIANS, DENTISTS AND OTHERS. INCLUDE REPORTS OF SPECIAL EXAMINATIONS.

| DATE | | NAME |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## VISION SCREENING

| DATE OF EXAM | GRADE | NEAR VISUAL ACUITY | | FAR VISUAL ACUITY | | WITH PLUS LENS PASS(P) OR FAIL (F) | COLOR VISON PASS (P) OR FAIL (F) | DEPTH PERCEP-TION PASS (P) OR FAIL (F) | OTHER DISORDER | REPORT OF EYE EXAMINER | CORRECTED VISION | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | RIGHT | LEFT | RIGHT | LEFT | | | | | | RIGHT | LEFT |
| | K | | | | | | | | | | | |
| | 1 | | | | | | | | | | | |
| | 2 | | | | | | | | | | | |
| | 3 | | | | | | | | | | | |
| | 4 | | | | | | | | | | | |
| | 5 | | | | | | | | | | | |
| | 6 | | | | | | | | | | | |
| | 7 | | | | | | | | | | | |
| | 8 | | | | | | | | | | | |
| | 9 | | | | | | | | | | | |
| | 10 | | | | | | | | | | | |
| | 11 | | | | | | | | | | | |
| | 12 | | | | | | | | | | | |

## HEARING SCREENING

PASS – INDICATE SCREENING LEVEL IN DB FOR EACH FREQUENCY
FAIL – INDICATE THRESHOLD LEVEL IN DB FOR EACH FREQUENCY

| DATE OF EXAM | GRADE | RIGHT EAR | | | | | | LEFT EAR | | | | | | PASS (P) OR FAIL (F) | REPORT OF EXAMINER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 250 | 500 | 1000 | 2000 | 4000 | 8000 | 250 | 500 | 1000 | 2000 | 4000 | 8000 | | |
| | K | | | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | | | |
| | 2 | | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | | | |
| | 5 | | | | | | | | | | | | | | |
| | 6 | | | | | | | | | | | | | | |
| | 7 | | | | | | | | | | | | | | |
| | 8 | | | | | | | | | | | | | | |
| | 9 | | | | | | | | | | | | | | |
| | 10 | | | | | | | | | | | | | | |
| | 11 | | | | | | | | | | | | | | |
| | 12 | | | | | | | | | | | | | | |

## ANNUAL HEIGHT AND WEIGHT

IF DATA IS RECORDED ON THE PA DEPARTMENT OF HEALTH GROWTH CHARTS OR IN A COMPUTER PROGRAM, IT IS NOT NECESSARY TO RECORD HERE.

| GRADE | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | | | | | | | | | | | | | |
| HEIGHT | | | | | | | | | | | | | |
| WEIGHT | | | | | | | | | | | | | |
| BMI | | | | | | | | | | | | | |
| BMI PERCENTILE | | | | | | | | | | | | | |

## SCOLIOSIS SCREENING

| | | | |
|---|---|---|---|
| 6th GRADE | DATE _____ PASS _____ FAIL _____ | DATE RESCREENED _____ PASS _____ FAIL _____ | DATE REPORT REC'D FROM EXAMINER _____ OUTCOME _____ |
| 7th GRADE | DATE _____ PASS _____ FAIL _____ | DATE RESCREENED _____ PASS _____ FAIL _____ | DATE REPORT REC'D FROM EXAMINER _____ OUTCOME _____ |