

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.)

- Cancer
- Chicken Pox
- Diabetes
- Diphtheria
- Epilepsy
- Heart Disease
- Measles

- Rheumatic Fever
- Scarlet Fever
- Tuberculosis
- Whooping Cough
- Ear Infections
- Other

- Allergies:
- Asthma
 - Hay Fever
 - Insect Bites
 - Penicillin
 - Other Drugs

Explain briefly factors such 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

	Type*	Dates Given	Given by	Date Read	Read By		Impression
TB SKIN TESTS	<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
	<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 _____

