# 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
- ❒ Diptheria
- ❒ 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 | ❒ PPD Mantoux | / / | | / / | | | ❒ Pos |
| | ❒ Other_____ | / / | | / / | | | ❒ Neg |
| | ❒ PPD Mantoux | / / | | / / | | | ❒ Pos |
| | ❒ Other_____ | / / | | / / | | | ❒ Neg |
| | ❒ PPD Mantoux | / / | | / / | | | ❒ Pos |
| | ❒ Other_____ | / / | | / / | | | ❒ 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 is communicable tuberculosis ❒ yes ❒ no

Signature/Agency _____