![Centerville City Schools logo] *Centerville City Schools*

SCHOOL_____

SCHOOL HEALTH EXAMINATION RECORD

GRADE_____

PLEASE PRINT

CHILD'S NAME *LAST*   *FIRST*   *MIDDLE*   BIRTHDATE   HOME ADDRESS   RESIDENCE PHONE

FATHER/GUARDIAN'S NAME   PLACE OF EMPLOYMENT   BUSINESS PHONE

MOTHER'S/GUARDIAN'S NAME   PLACE OF EMPLOYMENT   BUSINESS PHONE

WITH WHOM DOES CHILD LIVE?   RELATIONSHIP TO CHILD

PHYSICIAN'S NAME   ADDRESS   OFFICE

IMMUNIZATIONS (Month/Day/Year)						PHYSICAL ASSESSMENT	SCREENING TESTS			
TYPE	DATE	DATE	DATE	DATE	DATE	Check one:	**VISION**	DATE	Rt.	Lt.
DTaP/DT						☐ Entirely within normal limits	Distance Acuity			
Polio						☐ Abnormalities as follows:	Muscle Balance			
MMR							**HEARING**	DATE	Rt.	Lt.
If given separately							Puretone			
Measles							Tympanometry			
Mumps							Other			
Rubella						Is there any reason why the student cannot carry out a full program of school work?	Comments:			
HIB										
Hepatitis B						☐ YES ☐ NO				
Varivax (Chicken Pox)							DENTAL INFORMATION:			
Pneumococcal (PCV)						_____ Date of most recent exam	Dentist's Name:_____			
Hepatitis A							Phone:_____			
Tuberculin		Test		Result		_____ Signature of Physician	Date of last exam:_____			
FOOD ALLERGIES:							Comments:			

PLEASE COMPLETE BOTH SIDES OF FORM

_____

Child's Nickname or Preferred Name

CHILD'S HEALTH HISTORY:

Allergies: *Please list and describe allergies or reactions to*:

Medicines/drugs:_____

Food/plants/animals/insects/other_____

_____

Recommended treatment if allergy is severe _____

_____

Injuries and Illness   *Please list any severe injury, illness, or other health condition your child has had:*

Injury/Illness   Date or Age of Child   If hospitalized, where, when?

_____

_____

_____

_____

Additional Information:

What medications are given daily? (include dosage and time given) _____

_____

What medications are given frequently but not daily? _____

Do you have other comments or concerns about your child's health or development that you would like the school to be aware of? If yes, explain briefly:

_____

_____

Is there anything about your child that the teacher needs to know to understand him/her better?

_____

_____

_____

Parent/Guardian Signature