PUPIL'S CUMULATIVE HEALTH RECORD

JANUARY 1993

Name	D	ate of Birth	Ph	ysical Examination	n(s)		
(Last (First) Health conditions such as severe allergies,	(Middle) disabilities, chronic illness, o	r other special heal	th needs (Add con	nments on back.)			
504/IEP Date of Review or Reevaluation _	Screening Record						
Record date of screening and student's age	with each screening result. *	Indicate with an as	terisk if student is	wearing glasses d	uring vision screen	ning.	
DATE							
Height							
Weight							
Vision: Right Eye							
Left Eye							
Hearing: Right Ear							
Left Ear							
Scoliosis							
Other Screening:							

DOCUMENTATION

Use this side to record referrals and follow-ups (physician, clinic, parent, etc.), special procedures required during the school day, or other significant

findings that may affect the student's school participation. Please sign and dat	te all entries.

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The purpose of this record is to give the health professional a concise summary of the student's school health history. It is not intended to be used for daily documentation. Parent and emergency information should be maintained elsewhere.

Screenings are recorded by date and student age rather than grade level. This accommodates changes in the primary program and documents the information more accurately for the student.

The reverse side of the form is designed to allow school personnel ample space to document other information pertinent to the school health program.