



Huntington County Community Schools
1415 Flaxmill Road
Huntington, IN 46750

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Student Health & Physical Form

Name: _____ Birthday: _____
Address: _____ Birth Place: _____
Student Lives with: _____ Sex: M F
Home / Cell Number: _____ Work Number: _____

Health Record – (to be completed before physical examination)

Has the child had any of the following:

	Yes	No	Date		Yes	No		Yes	No
Chicken Pox				Allergy			Behavior Problems		
Measles				Asthma			Anxiety / Depression		
Kind:				Deformities			Trouble With:		
Mumps				Braces, etc.			Eye		
Whooping Cough				Diabetes			Ear		
Polio				Hepatitis			Throat		
Rheumatic Fever				Epilepsy (Convulsions)			Heart		
Other:				Hernia (Rupture)			Stomach		
				Skin			Intestine		
				Dental			Kidney		

If "YES" Describe: _____

Previous Surgeries: _____

Special Examinations or Health Conditions: _____

Vitals: Ht _____ Wt _____ Blood Pressure Sys: _____ / Dia: _____ Pulse Rate: _____

Glasses: Yes _____ No _____ Contacts: Yes _____ No _____

Physical Examination:	Normal	Abnormal	Date	Notes:
Eyes				
Ear-Nose-Throat				
Lungs				
Heart				
Abdomen				
Hernia				
Extremities				
Neurological				
Skin				
Other Findings				

Recommendations to the School:	Yes	No
Student is capable of carrying a full program of school work?		
Does the student have any permanent defects?		
Should student be restricted from (any) or (all) athletic activities?		
• If any, what?		
If temporary, how long?		

Examining MD, DO, NP, PA : _____ Date: _____

Additional Notes if applicable