

SCHOOL MEDICAL EXAMINATION FORM

October 29, 1991

Each child first entering school is required to have a medical examination within a period of six months prior to, or one month following, admission to school, and to have an approved program of continuous health supervision which shall include evidence of having been screened for tuberculosis (in accordance with KRS 158.037 and KRS 214.034), and to have scheduled screening tests for vision, hearing, and scoliosis.

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: _____ Birthday: _____
Parent or Guardian Name: _____
Address: _____ Telephone: _____
In Emergency Call: _____ Telephone: _____
Student's Physician: _____ Student's Dentist: _____
Phone: _____ Phone: _____

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID.230.

MEDICAL HISTORY

Seizures: _____
Chronic Illness: _____
Allergies: _____
Medications: _____
Significant Historical Information: _____

Physical Exam:

N.	Abn.	Hgt: _____	Wgt: _____	BP: _____ / _____
_____	_____	General Appearance	Hearing: R _____	L _____
_____	_____	HEENT	Vision: R _____ / _____	L _____ / _____
_____	_____	Neck	School Readiness - Normal: _____	
_____	_____	Chest	Needs Evaluation: _____	
_____	_____	Heart	HCT: _____	
_____	_____	Abd-Genitalia	Optional. UA: _____	
_____	_____	Extremities-Back	T.B. Testing: Date Given _____	
_____	_____	Neuro	Read _____	
		Type _____	Induration _____	

Explain Abnormal Exam:

Recommendations:

_____ No Restrictions: Normal Exam
_____ No Restrictions - Abnormal Exam - Explain:

Special Seating Needed: YES _____ NO _____
Restrictions and suggestions to school:

Signed: _____ Date: _____
Address: _____ Physician Telephone: _____