

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
DIVISION OF SCHOOL HEALTH

Quick Reference	
Physical Exam	K/1 ___ 6 ___ 11 ___
Dental Exam	K/1 ___ 3 ___ 7 ___

### SCHOOL HEALTH RECORD

NAME: LAST, FIRST, MIDDLE	BIRTHDATE: MONTH, DAY, YEAR	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME ADDRESS		
ADDRESS CHANGE		
FATHER'S NAME: LAST, FIRST, MIDDLE	MOTHER'S NAME: LAST, FIRST, MIDDLE	
PERSON WITH WHOM STUDENT LIVES IF OTHER THAN PARENT (SPECIFY)		

SCHOOL	DISTRICT	COUNTY
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

SCH YR																				
GRADE																				
ROOM OR SECTION																				

**SPECIAL HEALTH PROBLEMS:**

IMMUNIZATIONS AND TESTS				
	ENTER MONTH, DAY AND YEAR EACH IMMUNIZATION WAS GIVEN			EXEMPTIONS
DIPHTHERIA & TETANUS				<input type="checkbox"/> MEDICAL EXEMPTION ON FILE  <input type="checkbox"/> RELIGIOUS EXEMPTION ON FILE
POLIO				
HEPATITIS B				
MEASLES, MUMPS, RUBELLA				
VARICELLA				
OTHER (SPECIFY)				
	DATE	RESULT	DATE	RESULT
TUBERCULIN TESTS				
CHEST X-RAYS				

**HOME AND FAMILY CONDITIONS, FAMILY MEDICAL HISTORY, PARENT CONCERNS:**

**PHYSICAL EXAMINATIONS**

**EXAMINATION I. GIVE SIGNIFICANT DETAILS OF CHILD'S MEDICAL HISTORY INCLUDING SERIOUS ILLNESS, CHILDHOOD DISEASES, OPERATIONS, ACCIDENTS, DISABILITIES (CONGENITAL OR ACQUIRED), SCHOOL ADJUSTMENT, GROUP PLAY, PHYSICAL, SOCIAL, OR EMOTIONAL DEVELOPMENT.**

DATE _____	PULSE	BLOOD PRESSURE	GENERAL NUTRITION	SKIN	EYES	EARS	NOSE & THROAT	TEETH & GINGIVA	GLANDS	HEART	LUNGS	ABDOMEN	GENITO-URINARY	NEURO-MUSCULAR SYSTEM	SKELETAL	SCOLIOSIS BENDING POSITION	EMOTIONAL STATUS	ALL OTHER
NORMAL																		
ABNORMAL																		

DID PARENTS ATTEND? YES  NO

EXPLAIN FINDINGS AND NOTE RECOMMENDATIONS:

\_\_\_\_\_  
SIGNATURE OF EXAMINER

**EXAMINATION II. INTERVAL HISTORY: PROVIDE MEDICAL HISTORY UPDATE; NOTE SIGNIFICANT CHANGES RE: PHYSICAL, SOCIAL OR EMOTIONAL DEVELOPMENT.**

DATE _____	PULSE	BLOOD PRESSURE	GENERAL NUTRITION	SKIN	EYES	EARS	NOSE & THROAT	TEETH & GINGIVA	GLANDS	HEART	LUNGS	ABDOMEN	GENITO-URINARY	NEURO-MUSCULAR SYSTEM	SKELETAL	SCOLIOSIS BENDING POSITION	EMOTIONAL STATUS	ALL OTHER
NORMAL																		
ABNORMAL																		

DID PARENTS ATTEND? YES  NO

EXPLAIN FINDINGS AND NOTE RECOMMENDATIONS:

\_\_\_\_\_  
SIGNATURE OF EXAMINER

**EXAMINATION III. INTERVAL HISTORY: PROVIDE MEDICAL HISTORY UPDATE; NOTE SIGNIFICANT CHANGES RE: PHYSICAL, SOCIAL OR EMOTIONAL DEVELOPMENT**

DATE _____	PULSE	BLOOD PRESSURE	GENERAL NUTRITION	SKIN	EYES	EARS	NOSE & THROAT	TEETH & GINGIVA	GLANDS	HEART	LUNGS	ABDOMEN	GENITO-URINARY	NEURO-MUSCULAR SYSTEM	SKELETAL	SCOLIOSIS BENDING POSITION	EMOTIONAL STATUS	ALL OTHER
NORMAL																		
ABNORMAL																		

DID PARENTS ATTEND? YES  NO

EXPLAIN FINDINGS AND NOTE RECOMMENDATIONS:

\_\_\_\_\_  
SIGNATURE OF EXAMINER



**VISION SCREENING**

DATE OF EXAM	GRADE	NEAR VISUAL ACUITY		FAR VISUAL ACUITY		WITH PLUS LENS PASS(P) OR FAIL(F)	COLOR VISION PASS (P) OR FAIL (F)	DEPTH PERCEPTION PASS (P) OR FAIL (F)	OTHER DISORDER	REPORT OF EYE EXAMINER	CORRECTED VISION	
		RIGHT	LEFT	RIGHT	LEFT						RIGHT	LEFT
	K											
	1											
	2											
	3											
	4											
	5											
	6											
	7											
	8											
	9											
	10											
	11											
	12											

**HEARING SCREENING**

PASS - INDICATE SCREENING LEVEL IN DB FOR EACH FREQUENCY  
FAIL - INDICATE THRESHOLD LEVEL IN DB FOR EACH FREQUENCY

DATE OF EXAM	GRADE	RIGHT EAR						LEFT EAR						PASS (P) OR FAIL (F)	REPORT OF EXAMINER
		250	500	1000	2000	4000	8000	250	500	1000	2000	4000	8000		
	K														
	1														
	2														
	3														
	4														
	5														
	6														
	7														
	8														
	9														
	10														
	11														
	12														

**ANNUAL HEIGHT AND WEIGHT**

IF DATA IS RECORDED ON THE PA DEPARTMENT OF HEALTH GROWTH CHARTS OR IN A COMPUTER PROGRAM, IT IS NOT NECESSARY TO RECORD HERE.

GRADE	K	1	2	3	4	5	6	7	8	9	10	11	12
DATE													
HEIGHT													
WEIGHT													
BMI													
BMI PERCENTILE													

**SCOLIOSIS SCREENING**

6 <sup>th</sup> GRADE	DATE _____	PASS _____ FAIL _____	DATE RESCREENED _____	PASS _____ FAIL _____	DATE REPORT REC'D FROM EXAMINER _____	OUTCOME _____
7 <sup>th</sup> GRADE	DATE _____	PASS _____ FAIL _____	DATE RESCREENED _____	PASS _____ FAIL _____	DATE REPORT REC'D FROM EXAMINER _____	OUTCOME _____