

PRIVATE PHYSICIAN'S EXAMINATION

to ensure a quality standard of complete examination for each school child, please record your findings after each item.

(O) normal (X) abnormal

Comment

Treatment

Age BP / Pulse Hgt. Wgt.

Physical Development

Nutritional Status

Skin

Eyes sclera pupils

light & distance: r. l.

glasses

Ears canals: r. l.

drums: r. l.

Nose septum turbinates

Mouth lips tongue pharynx

Teeth gingiva

Neck mobility lymph nodes thyroid

Throat shape symmetry

Lungs

Heart rate rhythm murmur

Abdomen liver spleen

hernias

Ano-Genital anus penis labia

testicles: r. l.

Tanner stage:

Spine

Lower Extremities range of motion

development strength

Upper Extremities range of motion

development strength

Cranial Nerve I-XII

Gait

Coordination

Lab Tests

Hgb/Hct

Other:

Date

Signature

M.D.

**MASSACHUSETTS SCHOOL HEALTH RECORD
PRIVATE PHYSICIAN'S EXAMINATION**

Child's Name _____ Sex _____ Birth Date _____

Address _____ School _____

IMMUNIZATION	Date	IMMUNIZATION	Date	IMMUNIZATION	Date	SPECIAL TESTS	
DTP (Diphtheria Tetanus Pertussis)		POLIO Oral Trivalent (OPV)		MMR (combined)		TUBERCULIN TEST	
				TETANUS TOXOID		Results	Date
				OTHER IMMUNIZATION			
				Hib			
Td (Tetanus Diphtheria) Adult Type		MEASLES				Lead Screening	
		MUMPS					
		RUBELLA					

MEDICAL HISTORY (give dates)

Accidents	Ear Infections	Measles	Scarlet Fever
Allergy	Encephalitis	Meningitis	Strep. Throat
Chicken Pox	Rubella	Mumps	Tonsillitis
Congenital Anomaly	Heart Disease	Operations	Tuberculosis
Convulsions	Hernia	Poliomyelitis	Whooping Cough
Diabetes	Kidney Disease	Rheumatic Fever	Other

PERTINENT FAMILY MEDICAL HISTORY

SUMMARY OF SIGNIFICANT TREATMENT PROGRAMS INCLUDING CURRENT MEDICATIONS, AND SUGGESTIONS FOR PROGRAM ADJUSTMENT IF INDICATED

RECORD APPROVED BY DEPARTMENT OF EDUCATION AND THE MASS. DEPT. OF PUBLIC HEALTH