



Student Health and Physical Form

Name: _____ Birthdate: _____
(Last) (First)

Address: _____ Birth Place: _____

Student lives with: _____ Sex: M F

Home Tel: _____ Work Tel: _____ Ext. _____

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 | | | Handicaps | | |
| Measles | | | | Asthma | | | Behavior Problems | | |
| 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: _____

Operations: _____

Special Examinations or Health Conditions: _____

Physical Record: Ht: _____ Wt: _____ Blood Pressure Sys: _____ /Dia _____ Pulse Rate: _____

Urine Analysis: SG _____ Albumin _____ Sugar _____

Glasses: Yes No Contacts: Yes No

| | | | | |
|-----------------|--|--|--|--|
| Eyes | | | | |
| Ear-Nose-Throat | | | | |
| Lungs | | | | |
| Heart | | | | |
| Abdomen | | | | |
| Hernia | | | | |
| Extremities | | | | |
| Neurological | | | | |
| Skin | | | | |
| Handicaps | | | | |
| Other Findings | | | | |

RECOMMENDATIONS TO THE SCHOOL:

| | Yes | No |
|---|-----|----|
| Pupil is capable of carrying a full program of school work? | | |
| Does the pupil have any irremediable defects? | | |
| Should be restricted from (any) (all) athletic activities? | | |
| If any, what? | | |
| If temporary, how long? | | |

Examining Physician M.D. _____
Date



Huntington County Community School Corporation