

WEST SALEM ELEMENTARY SCHOOL – HEALTH EXAMINATION

NAME _____

GENDER: M _____ F _____

DATE OF BIRTH: _____

General Appearance _____

General Nutrition _____

Posture _____

Height and Weight _____

Skin _____

Scalp _____

Inter digital _____

Eyes and lids _____

Vision without glasses R ___ L ___

Vision with glasses R ___ L ___

Other R ___ L ___

Ears _____

General Condition R ___ L ___

Discharge R ___ L ___

Hearing R ___ L ___

Naso Pharynx _____

Tonsils _____

Nasal Obstruction _____

Mouth _____

Teeth _____

Soft Tissues _____

Thyroid _____

Lymph Glands _____

Cervical _____

Other _____

Breasts _____

Lungs _____

Heart _____

Murmurs _____

Enlargement _____

Blood Pressure _____

Pulse Rate _____

Abdomen _____

General _____

Scars _____

Hernia _____

Genitalia _____

Undescended Testicle _____

Atrophic Testicle _____

Abnormalities _____

Bones & Muscles _____

Chest _____

Spine _____

Upper Extremities _____

Lower Extremities _____

Nervous System _____

Reflexes _____

Does this student have any health condition that may require a special health plan or may result in a school emergency such as:

anaphylaxis? Yes No

asthma? Yes No

diabetes? Yes No

migraines? Yes No

seizures? Yes No

Other: _____

Does this student receive any routine medication during the school day? Yes No

Please complete School Medication Form.

WEST SALEM PUBLIC SCHOOLS

REPORT ON SIGNIFICANT FINDINGS OF HEALTH EXAMINATION

Recommendations/Remarks to the school:

Is pupil capable of carrying a full program of schoolwork?	Yes	No
Should there be restrictions on up and down stairs travel?	Yes	No
Is special seating recommended?	Yes	No
Is there evidence of emotional upset?	Yes	No

SIGNATURE OF EXAMINING PHYSICIAN

DATE

RECORD OF ILLNESS: (State year in which each occurred)

Colds _____	Measles (Red) _____	Eczema _____
Influenza _____	Measles (German) _____	Asthma _____
Ear infection _____	Whooping Cough _____	Hay Fever _____
Tonsillitis _____	Diphtheria _____	Other Allergy _____
Bronchitis _____	Scarlet Fever _____	Chorea _____
Pneumonia _____	Small Pox _____	Mumps _____
Tuberculosis _____	Rheumatic Fever _____	Typhoid _____
Poliomyelitis _____	Kidney Infection _____	Malaria _____
Heart Trouble _____	Convulsive Seizures _____	Diabetes _____
Chicken Pox _____		

PREVIOUS INJURIES/OPERATIONS OR ILLNESS:
