THE SCHOOL DISTRICT OF PHILADELPHIA

PUPIL HEALTH RECORD

LAST NAME | FIRST NAME | MIDDLE

☐ MALE ☐ FEMALE

DATE OF BIRTH

ROOM OR GROUP NUMBER

IMMUNIZATION

☐ COMPLETED ☐ PROVISIONAL

_____ 20 ___

SCHOOL

EXEMPTIONS

☐ RELIGIOUS ☐ MEDICAL

SCREENING

GROWTH RECORD					VISUAL ACUITY							PASS / FAIL			AUDIOMETRIC			SCREENING REFERRALS	
DATE	Ht	Wt	BMI	%	DATE	DISTANCE R	DISTANCE L	NEAR R	NEAR L	WITH LENS	W/O LENS	COLOR	STEREO	PLUS	DATE	R	L	REFERRED	COMPLETED

PHYSICAL EXAMINATION

DATE	GRADE	GEN. APPEARANCE	BEHAVIOR	SKIN	EYES: EXTERNAL	EARS: EXTERNAL & CANALS	EARS: TYMPANIC MEM.	NOSE, MOUTH & PHARNYX	THYROID	ABDOMEN (Include Hernias)	LUNGS	BLOOD PRESSURE	HEART	GENITALIA	POOR POSTURE	SCOLIOSIS (Bending)	BONES, JOINTS, MUSCLES	DEFECTIVE SPEECH	NODES	NEUROLOGICAL	PARENT PRESENT	GASTRO - INT	KIDNEY	BLADER	DENTAL HEALTH	HEMATOLOGY	NO PROBLEM	Physician's Name Nurse's Signature

INSURANCE, PCP, DENTAL INFORMATION

DESCRIBE ABNORMALITIES i.e. OTHER PROBLEMS IDENTIFIED:

OTHER FINDINGS AND RECOMMENDATIONS OF SCHOOL PHYSICIAN / SCHOOL NURSE PRACTITIONER:

DIRECTIONS: Use code as follows:

- o = Normal
- x = Abnormal
- (X) = Treated
- (x = Under Treatment
- x = Not Correctable. If not correctable, state authority if other than school physician/SNP
- [X] = A private physician or clinic states that defect recommendation for treatment is non-correctable.
- ◇+ = Attending Physician disagrees with the diagnosis made by the school physician / SNP, states that treatment is not desirable at the present time. Explain above.

IMMUNIZATIONS

DPT/DT	DATE	POLIO (IPV/OPV)	DATE		DATE	DATE	DATE
DOSE 1		DOSE 1		MEASLES (MONOVALENT)			
DOSE 2		DOSE 2		MEASLES - MUMPS - RUBELLA			
DOSE 3		DOSE 3		HEPATITIS B (3 - DOSE SERIES)			
DOSE 4		DOSE 4		CHICKEN POX (VARIVAX)			
DOSE 5		DOSE 5		H. INFLUENZAE B (HIB)			
DOSE 6		DOSE 6		HEPATITIS B (2 - DOSE SERIES)			

HEALTH HISTORY (Give age, if known; if not, insert "X")

CHECK ANY PROBLEM THE CHILD OR IMMEDIATE FAMILY MEMBER HAS HAD:

	FAMILY	CHILD
Alcohol / Drug	☐	☐
Allergy / Asthma	☐	☐
Anemia	☐	☐
Arthritis	☐	☐
Behavior / emotioinal	☐	☐
Cancer	☐	☐
Dental	☐	☐
Diabetes	☐	☐

	FAMILY	CHILD
Eczema	☐	☐
Frequent Colds	☐	☐
Hearing Difficulty	☐	☐
Heart	☐	☐
High Blood Pressure	☐	☐
Hospitalized (Operations)	☐	☐

	FAMILY	CHILD
Learning Problem	☐	☐
Lung Disease	☐	☐
Lead Poisoning	☐	☐
Mental Retardation	☐	☐
Multiple Handicap	☐	☐
Muscle/Bone/Joint	☐	☐
Nervous Trouble	☐	☐
Overweight	☐	☐

	FAMILY	CHILD
Physical Handicap	☐	☐
Premature Birth (under 5 lbs.)	☐	☐
Seizures	☐	☐
Speech difficulty	☐	☐
Tuberculosis	☐	☐
Vision Problems	☐	☐
Urination/Kidney Problem	☐	☐

CONTAGIOUS DISEASES THE CHILD HAS HAD

	(AGE)		(AGE)		(AGE)
☐ Chicken Pox	_____	☐ Meningitis	_____	☐ Rheumatic Fever	_____
☐ Diptheria	_____	☐ Mumps	_____	☐ Scarlet Fever/Strep Throat	_____
☐ German Measles	_____	☐ Pneumonia	_____	☐ Typhoid Fever	_____
☐ Measles	_____	☐ Poliomyelitis	_____	☐ Whooping Cough	_____

DEVELOPEMENT HISTORY

Age Talked _____ Age Walked _____ Age Toilet Trained _____

☐ Tires easily ☐ Nightmares ☐ Inadequate Sleep
☐ Bed Wetting ☐ Constipation ☐ Poor Appetite

Is your child in good health? ___ Yes ___ No

When was the last time your child had a Tuberculin Test? Date _____ Results _____

OTHER PROBLEMS IDENTIFIED BY HISTORY:

AUDIOMETRIC THRESHOLD

DATE	GRADE	AUDIOMETER NUMBER TEST BY	FREQUENCY IN HERTZ (Mz)												DECIBEL LOSS				DISCRIMINATION	
			RIGHT EAR						LEFT EAR						RIGHT		LEFT			
			250	500	1000	2000	4000	8000	250	500	1000	2000	4000	8000	AUD	SRT	AUD	SRT	RIGHT	LEFT

PROGRESS NOTES BY SCHOOL NURSE OR PHYSICIAN (Sign Entries with Full Name)
