NAME ______________________________________
Last First M.I.

Medical Alert ______________________________________

Birthdate ______________________________________

Parent/Guardian Names ______________________________________

1) School ____________ 2) School ____________ 3) School ____________ 4) School ____________

Date Entered ____________ Date Entered ____________ Date Entered ____________ Date Entered ____________

INCLUDE IN THIS SECTION A SUMMARY OF ALL ABNORMAL FINDINGS, ACTIONS TAKEN, SUGGESTED FOLLOW-UP AND RECOMMENDATIONS FOR ADJUSTMENT IN SCHOOL PROGRAM		
DATE	**NOTES (Sign and date all notations)**	**SIGNATURE**

ADDITIONAL SCREENING

DATE	SCREENING PROCEDURE	RESULT	REFERRAL DATE

Lead Poisoning Test:	Sample Draw Date	*Type		Result	Sample Draw Date	*Type		Result
*Circle specimen type: V= venous, C= capillary	/ /	V	C	ug/dL	/ /	V	C	ug/dL

ALLERGIES

	PRESCRIBED TREATMENT	DATE
BEE STINGS		
POLLEN		
ANIMAL		
FOOD		
OTHER		

MEDICATIONS

DATE	MEDICATIONS

SPECIAL NEEDS

DATE	SPECIAL NEEDS OR CONDITIONS	STAFF NOTIFIED		
		IHP written	Yes	No

OTHER SIGNIFICANT ILLNESS, ACCIDENT, SURGERY

STUDENT HEALTH RECORD

IMMUNIZATIONS

TYPE	DATE (MO/DAY/YR)				
DTaP DPT or DT					
Td					
POLIO					
MMR					
HEPATITIS B					
VARICELLA					
HIB (prior to age 5 only)					
OTHER					

TUBERCULIN TEST

DATE ________ TYPE ________ RESULT ________

DATE ________ TYPE ________ RESULT ________

DATE ________ TYPE ________ RESULT ________

POSTURAL SCREENING

SCREENING	5	6	7	8	9	REFERRAL DATES
RESCREENING	5	6	7	8	9	

DENTAL

ORAL ASSESSMENT

DATE	FINDINGS	DATE REFERRED	SERVICES RECEIVED

FLUORIDE MOUTHRINSE PROGRAM (✓Grades of Participation)

K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐

HEARING SCREENING

GRADE	DATE	AUDIOMETRY RESULTS (Pass/Fail)		OTHER TESTS (Specify)		DATE REFERRED	ACTION TAKEN
		Right	Left	Right	Left		DATE (Aid, Seating,T/A, Tubes, etc.)

VISION SCREENING

GRADE	DATE	DISTANCE ACUITY		LENSES (Type)	DATE REFERRED	ACTION TAKEN
		Right	Left			DATE (Lenses, surgery, etc.)

STEREOPSIS	MUSCLE BALANCE		COLOR
Date ______ Pass Fail	DISTANCE Date ______ Pass Fail	NEAR Date ______ Pass Fail	Date ______ Pass Fail