

MASSACHUSETTS SCHOOL HEALTH RECORD

PRIVATE PHYSICIAN'S EXAMINATION - Subsequent Evaluations Only

To Physician/Practitioner:

Please note that your initial school examination of the child should be recorded on the prescribed itemized form (PH-M-18). This abbreviated form is to be used only for follow up or subsequent examinations.

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Date of last complete physical exam: \_\_\_\_\_ Hgt. \_\_\_\_\_ Wgt. \_\_\_\_\_

Significant Findings: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_

Hct. or Hgb.: \_\_\_\_\_

Other Lab.: \_\_\_\_\_

TB Test: \_\_\_\_\_

Significant illness or injuries since last report:

General estimate of health:

Immunization/Boosters (give exact date):

DTP:	HEP-B	1	MMR
Td:		2	MMR-B
TOPV:		3	VARICELLA

Medication or treatment orders to be carried out at school:

Restrictions on sports participation or recommended modifications to school program:

Other Comments:

**POSTURAL SCREENING**

Signature, Examining Physician/Nurse Practitioner \_\_\_\_\_ (Date) \_\_\_\_\_

Name & Address (Please print): \_\_\_\_\_ Telephone \_\_\_\_\_