

**MASSACHUSETTS SCHOOL HEALTH RECORD  
PRIVATE PHYSICIAN'S EXAMINATION**

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

IMMUNIZATION	Date	IMMUNIZATION	Date	IMMUNIZATION	Date	SPECIAL TESTS		
DTP (Diphtheria Tetanus Pertussis)		POLIO Oral Trivalent (TOPV)		MMR (combined)		TUBERCULIN TEST		
				#2 MMR		Result	Date	
				OTHER IMMUNIZATION				
				HIB 1				
					2			
				3				
				4				
Td (Tetanus Diphtheria) Adult Type		Hepatitis 1				LEAD TEST		
		B 2						
		3		Varivax				

**MEDICAL HISTORY (give dates)**

Accidents	Ear Infections	Measles	Scarlet Fever
Allergy	Encephalitis	Meningitis	Strep. Throat
Chicken Pox	Rubella	Mumps	Tonsillitis
Congenital Anomaly	Heart Disease	Operations	Tuberculosis
Convulsions	Hernia	Poliomyelitis	Whooping Cough
Diabetes	Kidney Disease	Rheumatic Fever	Other

**PERTINENT FAMILY MEDICAL HISTORY**

SUMMARY OF SIGNIFICANT TREATMENT PROGRAMS INCLUDING CURRENT MEDICATIONS, AND SUGGESTIONS FOR PROGRAM ADJUSTMENT IF INDICATED.

RECORD APPROVED BY DEPARTMENT OF EDUCATION AND THE MASS. DEPT. OF PUBLIC HEALTH, SCHOOL HEALTH UNIT

NOTE: Clip or staple this record, to cumulative school health record.

**PRIVATE PHYSICIAN'S EXAMINATION**

In order to ensure a quality standard of complete examination for each school child, please record your findings after each i

(O) normal (X) abnormal

DATE		Comment	Treatment
	Age ..... B P ..... Pulse .....	Ht.	Wt.
	Physical Development .....		
	Nutritional Status .....		
	Skin .....		
	Eyes ..... sclera ..... pupils .....		
	light & distance ..... r ..... l .....		
	glasses .....		
	Ears ..... canals ..... r ..... l .....		
	drums ..... r ..... l .....		
	Nose ..... septum ..... turbinates .....		
	Mouth ..... lips ..... tongue ..... pharynx .....		
	Teeth ..... gingiva .....		
	Neck ..... mobility ..... lymph nodes ..... thyroid .....		
	Throat ..... shape ..... symmetry .....		
	Lungs .....		
	Heart ..... rate ..... rhythm ..... murmur .....		
	Abdomen ..... liver ..... spleen .....		
	hernias .....		
	Ano-Genital ..... anus ..... penis .....		
	testicles ..... r ..... l .....		
	labia .....		
	Spine .....		
	Lower Extremities ..... range of motion .....		
	development ..... strength .....		
	Upper Extremities ..... range of motion .....		
	development ..... strength .....		
	Cranial Nerve ..... I-XII .....		
	Gait .....		
	Coordination .....		
	<u>Lab Tests</u>		
	Hgb/Hct		
	URINALYSIS		
	Specific Gravity ..... Protein ..... Sugar ..... Cells ..... Bacteria .....		

Address

Date

Signature