

**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.

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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/Booster (give exact date):**

DTP: \_\_\_\_\_ Other: \_\_\_\_\_

Td: \_\_\_\_\_

TOPV: \_\_\_\_\_

**Medication or treatment orders to be carried out at school:**

**Restrictions on sports participation or recommended modifications to school program:**

**Other Comments:**

\_\_\_\_\_  
Signature, Examining Physician/Nurse Practitioner

\_\_\_\_\_  
(Date)

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