

STUDENT MEDICAL RECORD

This form is to be completed by the family physician and kept on file at the school for all children (a) entering this school for the first time, and (b) at Grade Seven. This should include the Scoliosis examination for Grade 7 students.

NAME: _____ BIRTH DATE: _____
MONTH DAY YEAR
 ADDRESS: _____ STUDENT SOCIAL SECURITY #: _____
 CITY/STATE/ZIP: _____ NAME OF FATHER: _____
 GRADE: _____ NAME OF MOTHER: _____

HISTORY: Past illnesses and allergies. Please check those he/she has had:

Cancer _____	Measles _____	Ear Infections _____
Chicken Pox _____	Rheumatic Fever _____	Allergies, Asthma _____
Diabetes _____	Scarlet Fever _____	Hay Fever _____
Diphtheria _____	Tuberculosis _____	Insect Bites _____
Epilepsy _____	Whooping Cough _____	Penicillin _____
Heart Disease _____	Other _____	Other Drugs _____

IMMUNIZATIONS: Must be verified by provider signature or stamp

DPT SERIES	DATE	SIGNATURE/STAMP
DPT 1		
DPT 11		
DPT 111		
DPT Booster		
DPT Booster		
DPT Booster		

POLIO SERIES	DATE	SIGNATURE/STAMP
POLIO 1		
POLIO 11		
POLIO 111		
POLIO Booster		
POLIO Booster		

MMR	DATE #1	SIGNATURE/STAMP	DATE #2	SIGNATURE/STAMP
Measles				
Mumps				
Rubella**				

**German 3-day measles

HEPATITIS B	DATE	SIGNATURE/STAMP
Hepatitis B 1		
Hepatitis B 2		
Hepatitis B 3		

VARICELLA	DATE	SIGNATURE/STAMP
Varicella immun.		
OR has had Chicken Pox		

MANTOUX TB TESTING: This test must be Mantoux TB Test. Provider must supply all the information below.

DATE GIVEN:	DATE READ	READ BY	MM INDURATION	POSITIVE/NEGATIVE

A POSITIVE MANTOUX TB TEST REQUIRES A CHEST X-RAY.

Film date: _____ / _____ / _____ Impression: _____ Normal _____ Abnormal
 Person is free of communicable tuberculosis: _____ Yes _____ No
 Signature/Agency: _____

AN OFFICIAL RECORD OF IMMUNIZATIONS MUST ACCOMPANY THIS MEDICAL RECORD FOR ALL STUDENTS ENTERING SCHOOL FOR THE FIRST TIME IN THE UNITED STATES REGARDLESS OF AGE LEVEL. RECORDS CONSIDERED OFFICIAL ARE:

- ◆ California State Immunization Record
- ◆ Official Immunization Record from another state
- ◆ School Immunization Record
- ◆ Health Provider Record: Physician or County Health Department – must have signature, stamp or initials next to each date