Student Medical Record

Miramonte Christian School
Seventh-day Adventist Education

This form to be completed by the student's physician and then kept on file at the school. It must be completed for all children who are a) enrolling at Miramonte school for the first time, and b) entering grade seven.

An official record of immunization must accompany this medical record for all students entering school for the first time in the United States, regardless of age. Acceptable records are: ▪A California State or other state official immunization record, ▪A School immunization record, ▪A Health Provider record from a physician or county health department - must include signatures or stamps next to each date as illustrated below.

Student Full Name: ____________________ Birth Date - mm/dd/yyyy: ____/____/____

Street Address: ____________________ Social Security Number: ____-____-____

City State, ZIP: ____________________ Father's Name: ____________________

Grade: ❑K ❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 Mother's Name: ____________________

Medical History

Illnesses: *Check all those that apply*

❑Cancer ❑Heart Disease ❑Whooping Cough
❑Chicken Pox ❑Measles ❑Ear Infection
❑Diabetes ❑Rheumatic Fever ❑Asthma
❑Diphtheria ❑Scarlet Fever
❑Epilepsy ❑Tuberculosis

Allergies:

❑Bees ❑Peanuts
❑Other Insects ❑Penicillin
❑Other Allergies*
*List Allergies: ____________________

Immunizations *Verify by signature or stamp*

DPT Series

	Date	Signature or stamp
DPT #1	/ /	
DPT #2	/ /	
DPT #3	/ /	
DPT Booster	/ /	
DPT Booster	/ /	
DPT Booster	/ /	

Polio Series

	Date	Signature or stamp
Polio #1	/ /	
Polio #2	/ /	
Polio #3	/ /	
Polio Booster	/ /	
Polio Booster	/ /	
Polio Booster	/ /	

DTap Booster *Must be given after 7th birthday*

	Date	Signature or stamp
Immunization	/ /	

Varicella

	Date	Signature or stamp
Immunization	/ /	
or Had Chicken Pox	/ /	

MMR

	Date	Signature or stamp
Immunization #1	/ /	
Immunization #2	/ /	

Hepatitis B

	Date	Signature or stamp
Immunization #1	/ /	
Immunization #2	/	
Immunization #3	/ /	

Mantoux TB Testing

Date Tested	Date Read	Read By	MM induration	Result
/ /	/ /		mm	❑Positive ❑Negative
/ /	/ /		mm	❑Positive ❑Negative

If positive, a chest X-Ray is required

X-Ray Date	Impression	Free of TB?	Signature and Agency
	❑Normal ❑Abnormal	❑Yes ❑No	

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Christian School
Seventh-day Adventist Education

Student Physical Exam

Student Name: ______________________

Height ______________
Weight ______________
Blood Pressure ______________

Area	Result	Comments
Skin	❑Normal ❑Abnormal ❑Not Tested	
Eyes, Vision, Glasses	❑Normal ❑Abnormal ❑Not Tested	
Ears & Hearing	❑Normal ❑Abnormal ❑Not Tested	
Nose & Throat	❑Normal ❑Abnormal ❑Not Tested	
Mouth & Teeth	❑Normal ❑Abnormal ❑Not Tested	
Speech	❑Normal ❑Abnormal ❑Not Tested	
Glands	❑Normal ❑Abnormal ❑Not Tested	
Chest & Lungs	❑Normal ❑Abnormal ❑Not Tested	
Cardiovascular	❑Normal ❑Abnormal ❑Not Tested	
Abdomen		
Enlargement	❑Normal ❑Abnormal ❑Not Tested	
Tenderness	❑Normal ❑Abnormal ❑Not Tested	
Hernia	❑Normal ❑Abnormal ❑Not Tested	
Spine & Back	❑Normal ❑Abnormal ❑Not Tested	
Posture	❑Normal ❑Abnormal ❑Not Tested	
Extremities	❑Normal ❑Abnormal ❑Not Tested	
Genitourinary	❑Normal ❑Abnormal ❑Not Tested	
Nervous system	❑Normal ❑Abnormal ❑Not Tested	
Reflexes	❑Normal ❑Abnormal ❑Not Tested	

Nutritional status and general appearance ______________________

____

Recommendations for additional medical or dental care ______________________

____

The student may participate in a normal physical education program which includes activities such as running, jumping, and tumbling
❑Yes ❑No

If student must be restricted from participating in activities such as those above, indicate activities that are permitted

____

Physician's Signature ______________________ Date ______________

Business Address ______________________