

SACHEM CENTRAL SCHOOL DISTRICT at HOLBROOK

Charles J. Murphy, Ed.D
SUPERINTENDENT OF SCHOOLS

CHIPPEWA ELEMENTARY SCHOOL
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MEDICAL EXAMINATION

NAME OF STUDENT _____ GRADE _____

ADDRESS _____

	DATE	DATE	DATE	DATE		DATE	DATE	DATE	DATE	DATE
Polio(OPV 3-IPV4)					Tetanus Toxoid					
Measles (MMR)					HEP. B					
Diphtheria (DPT,DtAP)					VARICELLA					
HIB										

Significant family and personal history: (e.g. Tuberculosis, Rheumatic Fever, Chorea, Otitis, Typhoid Fever, Allergies, Epilepsy, Diabetes, other serious illnesses)

Give dates if possible _____

Check the diseases this child has had and give date if possible:

	DATE		DATE		DATE	CHECK
ANEMIA		HEART DISEASE		RHEUMATIC FEVER		ASTHMA OR ALLERGIES
CHICKEN POX		MEASLES		SCARLET FEVER		EAR CONDITIONS
DIABETES		MUMPS		TUBERCULOSIS		FREQUENT COLDS & SORE THROATS
EPILEPSY		NEPHRITIS				CONTACT WITH TBC
GERMAN MEASLES		PNEUMONIA		WHOOPIING COUGH		SERIOUS INJURIES

Height _____ (inches)

Weight _____ (pounds)

Has this student any handicapping disability? Please describe condition: _____

- a. Visual _____ Visual acuity 20/____ 20/_____
- b. Hearing _____ Test used & results _____
- c. Orthopedic _____
- d. Cardiac _____
- e. Other _____

Is there any condition needing medical care at the present time?

- a. Ear, nose, throat _____ c. Circulatory _____ e. Endocrine _____
- b. Gastrointestinal _____ d. Respiratory _____ f. Genitourinary _____

Other _____

Descriptions of conditions checked: _____

Treatment Advised: _____

Urinalysis results: _____

Students general condition is GOOD ___ FAIR ___ POOR ___

What activity is permitted? FULL ___ MODIFIED ___ Please specify: _____

What recommendations do you wish to make to school personnel which might assist them in adapting this student's program to his special needs _____

EXAMINER'S SIGNATURE _____ M.D. _____

ADDRESS _____ DATE OF EXAM _____

TELEPHONE # _____

* Physicians stamp