

Rochelle Park School District

Midland School #1

Medical History Form

Name _____ Age _____ Grade _____ Birthdate _____

Student's Address _____ Phone _____

Parent/Guardian _____ Address _____ Phone _____

Date of Last Physical _____

Physician's Name _____ Address _____ Phone _____

Please Answer All Questions. If you have answered "yes" to any question, you must write an explanation in the space provided below.

- | | <u>Yes</u> | <u>No</u> | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|--|------------|-----------|
| 1. Have you ever been hospitalized? | ___ | ___ | 10. Do you cough, wheeze or have trouble breathing during exercise? | ___ | ___ |
| 2. Have you ever had surgery ? | ___ | ___ | 11. Do you tire more quickly than your friends during exercise? | ___ | ___ |
| 3. Have you ever been treated in the emergency room? | ___ | ___ | 12. Have you ever been told you have a heart murmur? | ___ | ___ |
| 4. Are you presently taking any medication? | ___ | ___ | 13. Have you had any other medical problems such as: asthma, diabetes, strep throat, ear infections, hepatitis or mononucleosis? | ___ | ___ |
| 5. Do you have any allergies? | ___ | ___ | 14. Have you fractured or dislocated any bones? | ___ | ___ |
| 6. Do you have any skin problems? | ___ | ___ | 15. Do you use any special equipment, braces, pads or eyeguards? | ___ | ___ |
| 7. Have you ever had a head injury? | ___ | ___ | 16. Have you had any problems with your vision or hearing? | ___ | ___ |
| 8. Have you ever had a seizure? | ___ | ___ | 17. Do you wear glasses, contacts, or a hearing aid? | ___ | ___ |
| 9. Have you ever been knocked unconscious? | ___ | ___ | 18. Has your daughter begun menstruation? | ___ | ___ |
| 10. Do you cough, wheeze or have trouble breathing during exercise? | ___ | ___ | | | |
| 19. Have you had a medical problem or injury since your last physical? | | | | | |

Any "yes" answers **MUST** have an explanation written below (please include month and year of problem):

I Hereby State That To The Best Of My Knowledge, My Answers To The Above Questions Are Correct.

Parent/Guardian Signature _____ Date _____

Rochelle Park School District

Midland School #1

Physical Examination Form

Name _____ Age _____ Birth Date _____ Date of Exam _____

Physical Report:

Ht. _____ Wt. _____ BP _____ Pulse _____ Respiratory Rate _____

Eyes _____ R20 _____ L20 _____ Hearing _____ R _____ L _____

Respiratory _____

Cardiovascular _____

Abdomen _____ Genitalia _____ Skin _____

Musculoskeletal _____ Scoliosis _____

Neurological _____

Laboratory: Urinalysis _____ Hgb/Hct _____ Lead Level _____ Other _____

Recommendations:

Yes No

1. Any defect of vision, hearing or speech that the school could compensate for by preferential seating, etc.?

2. Any conditions limiting classroom activity or physical education?

3. Any significant allergies?

4. Any condition which may result in a classroom emergency?

5. Any emotional, mental or physical condition requiring periodic medical observation

6. Does this child require any medication on a daily and/or as needed basis?

If medication is needed, please complete the following:

MEDICATION _____ DOSAGE _____

TIME _____ ROUTE _____

SCHOOL YEAR _____ PURPOSE OF MEDICATION? _____

ADDITIONAL INFORMATION _____

Comments:

Examined by: Physician's Signature _____ Date _____

Physician's Printed Name _____ Phone _____

Address: _____

IMMUNIZATIONS (complete for new students, otherwise only those since last report)

*Insert dates or attach **current** immunization record*

DPT _____ DPT _____ DPT _____ DPT _____ DPT _____ Tdap _____ DT/Td _____

OPV/IPV _____ OPV/IPV _____ OPV/IPV _____ OPV/IPV _____ OPV/IPV _____ Meningococcal _____

Measles _____ Mumps _____ Rubella _____ MMR _____ MMR _____ Varicella _____ Varicella _____

HIB _____ HIB _____ HIB _____ HIB _____ HepB _____ HepB _____ HepB _____

Pneumococcal _____ Pneumococcal _____ Influenza _____ Influenza _____ Influenza _____ Influenza _____

Hep A _____ Hep A _____ Mantoux _____ Read _____ Results _____ CXR _____ Results _____ Therapy _____