



5. PERSONALITY RATING RECORD

SERIOUSNESS OF PURPOSE	K	1	2	3	4	5	6	7	8	9	10	11	12	THIS SPACE TO BE USED FOR COMMENTS BY ANY TEACHER
Industry														
Initiative														
Personal Appearance														
Influence														
Concern for Others														
Responsibility														
Emotional Stability														

6. STANDARD TEST RECORD

SCHOOL	GRADE	DATE	NAME OF TEST	FORM	SCORE	C. A.	M. A.	I. Q.	STAND. NORM	CITY NORM	GRADE EQ. OR RANK	REMARKS

7. EXTRA-CURRICULAR ACTIVITIES AND HONORS

YEAR	ORGANIZATION OR EVENT	SPONSOR	OFFICE OR HONOR	YEAR	ORGANIZATION OR EVENT	SPONSOR	OFFICE OR HONOR	YEAR	SPORT	AMT. PLAYED	AWARD	YEAR	SPORT	AMT. PLAYED	AWARD

8. GRADUATE AND POST-GRADUATE HISTORY

GRADUATION RECORD				SUMMARY OF HIGH SCHOOL CREDITS				POST-GRADUATE HISTORY				
SCHOOL	Date	Number in Class	Rank in Class	English	Industrial Arts	Mathematics	Physical Education	Transcript	Date	College Entered	Course	Vocation
Sixth Grade				Social Studies	Art	Science	Music	Sent To	Date			
Eighth Grade				Languages	Computer Technology	Commercial		Follow Up:				
Junior High				Agriculture		Home Making		Remarks:				
Senior High				Industrial Arts		Physical Education						

Certain Section(s) of the School Code: \_\_\_\_\_  
 "A sickle cell anemia test shall be administered to each pupil by the request of the examining physician when he determines such test necessary."  
 Test Given: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Result of Sickle Exam given: \_\_\_\_\_  
 Abnormal Hgb Type: \_\_\_\_\_ SS \_\_\_\_\_ AS \_\_\_\_\_ Other \_\_\_\_\_  
 Normal Adult Type of Hgb \_\_\_\_\_  
 Examining Physician: \_\_\_\_\_ Date: \_\_\_\_\_ M.D. \_\_\_\_\_  
 The above named person is physically able to participate in all physical education and competitive sports, unless otherwise specified.  
 M.D. \_\_\_\_\_ (Name) \_\_\_\_\_ (Degree) \_\_\_\_\_  
 M.D. \_\_\_\_\_ (Name) \_\_\_\_\_ (Degree) \_\_\_\_\_  
 If there is a vision or foot examination given by other than the reporting physician, the name of the examiner should be given here also.

MEDICAL HISTORY												VISION TEST											
IMMUNITY STATUS (Enter Dates)						DATE AND REMARKS						GLASSES ADVISED OR RECEIVED						CORRECTED VISUAL ACUITY					
BOOSTER DOSES						DIPHTHERIA						UNCORRECTED VISUAL ACUITY						CORRECTED VISUAL ACUITY					
DTP						ILLNESS						RECEIVED						RECEIVED					
HEP B						CHICKEN POX						L						L					
HIB						MEASLES						R						R					
IPV						MUMPS						APRIL						APRIL					
MMR						WHOOPING COUGH						FEBRUARY						FEBRUARY					
OPV						POLIOMYELITIS						SEPTEMBER						SEPTEMBER					
TD						SCARLET FEVER						NOVEMBER						NOVEMBER					
VARICELLA						TYPHOID FEVER						DECEMBER						DECEMBER					
TESTS						EAR INFECTIONS						JANUARY						JANUARY					
Neg or Pos						PNEUMONIA						FEBRUARY						FEBRUARY					
TB TEST						TYPHOID FEVER						MARCH						MARCH					
KRAY						SMALLPOX						APRIL						APRIL					
TB IN ASSOCIATES						SCARLET FEVER						MAY						MAY					
LEAD TEST						POLIOMYELITIS						JUNE						JUNE					
SICKLE TEST						WHOOPING COUGH						JULY						JULY					
						MUMPS						AUGUST						AUGUST					
						MEASLES						SEPTEMBER						SEPTEMBER					
						DIPHTHERIA						OCTOBER						OCTOBER					
						CHICKEN POX						NOVEMBER						NOVEMBER					
						ILLNESS						DECEMBER						DECEMBER					
						RECEIVED						JANUARY						JANUARY					
						RECEIVED						FEBRUARY						FEBRUARY					
						RECEIVED						MARCH						MARCH					
						RECEIVED						APRIL						APRIL					
						RECEIVED						MAY						MAY					
						RECEIVED						JUNE						JUNE					
						RECEIVED						JULY						JULY					
						RECEIVED						AUGUST						AUGUST					
						RECEIVED						SEPTEMBER						SEPTEMBER					
						RECEIVED						OCTOBER						OCTOBER					
						RECEIVED						NOVEMBER						NOVEMBER					
						RECEIVED						DECEMBER						DECEMBER					

4. SCHOOL HEALTH RECORD