



| 4. ACCIDENT REPORT |          |             | 5. MEDICAL RECOMMENDATIONS & RESTRICTIONS |           |                      |               |
|--------------------|----------|-------------|---|-----------|----------------------|---------------|
| DATE               | INCIDENT | REPORTED BY | DATE TO                                   | DATE FROM | RESTRICTIONS & CAUSE | DOCTOR'S NAME |
|                    |          |             |   |           |                      |               |
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| 6. SCHOOL HEALTH RECORD  |       |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|--------------------------|-------|---------------------------|-----|-------------------------|---------------------------------------|-----------------|--------------------|-------------------------------|---------------|---------------------|-------|---------|--|---------|--------|------------|------------------|------------|-------------|-------|--|
| VISION TEST              |       |                           |     | MEDICAL HISTORY         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
| DATE OF TEST             | GRADE | UNCORRECTED VISUAL ACUITY |     | CORRECTED VISUAL ACUITY |                                       | ILLNESS         | DATE AND REMARKS   |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          |       | R                         | L   | R                       | L                                     |                 |                    | IMMUNITY STATUS (Enter Dates) |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          |       |                           |     |                         |                                       |                 | VACCINE            | BASIC                         | BOOSTER DOSES |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | K     |                           |     |                         |                                       | CHICKEN POX     | DTP                |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 1     |                           |     |                         |                                       | DIPHTHERIA      | HEP B              |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 2     |                           |     |                         |                                       | GERMAN MEASLES  | HIB                |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 3     |                           |     |                         |                                       | MEASLES         | IPV                |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 4     |                           |     |                         |                                       | MUMPS           | MMR                |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 5     |                           |     |                         |                                       | WHOOPIING COUGH | OPV                |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 6     |                           |     |                         |                                       | POLIOMYELITIS   | TD                 |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 7     |                           |     |                         |                                       | SCARLET FEVER   | VARICELLA          |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 8     |                           |     |                         |                                       | SMALLPOX        |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 9     |                           |     |                         |                                       | TYPHOID FEVER   |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 10    |                           |     |                         |                                       | PNEUMONIA       | TESTS              | Ng. or Ps.                    |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 11    |                           |     |                         |                                       | EAR INFECTIONS  | TB TEST            |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 12    |                           |     |                         |                                       | TONSILLITIS     | X-RAY              |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          |       |                           |     |                         |                                       | EPILEPSY        |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          |       |                           |     |                         |                                       |                 | TB IN ASSOCIATES   |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          |       |                           |     |                         |                                       |                 | LEAD TEST          |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          |       |                           |     |                         |                                       |                 | SICKLE TEST        |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          |       |                           |     |                         |                                       | DIABETES        |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          |       |                           |     |                         |                                       | ALLERGY         |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          |       |                           |     |                         |                                       | TUBERCULOSIS    |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          |       |                           |     |                         |                                       | RHEUMATIC FEVER |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
| HEARING TEST             |       |                           |     |                         | PHYSICAL EXAMINATION (See Code Below) |                 |                    |                               |               | DENTAL EXAMINATIONS |       |         |  |         |        |            |                  |            |             |       |  |
| DATE OF TEST             | GRADE | INDIVIDUAL TEST           |     | THRESHOLD TEST          |                                       | REFERRED        | TREATMENT RECEIVED | DATE                          | GRADE         | DENTAL              | EXAM  | PROBLEM |  |         |        |            |                  |            |             |       |  |
|                          |       | R                         | L   | R                       | L                                     |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | K     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 1     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 2     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 3     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 4     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 5     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 6     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 7     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 8     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 9     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 10    |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 11    |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 12    |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
| HEIGHT AND WEIGHT RECORD |       |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         | * State law requires cases of malnutrition to be reported to the State Department of Public Health by school administrators. Check box if evidence of malnutrition is present <input type="checkbox"/> and sign below: |         |        |            |                  |            |             |       |  |
| DATE                     | GRADE | SEPTEMBER                 |     | FEBRUARY                |                                       | APRIL           |                    | NORMAL WEIGHT                 | THYROID       | LYMPH GLANDS        | HEART | LUNGS   | CHEST  | ABDOMEN | HERNIA | ORTHOPEDIC | GEN'L APPEARANCE | URINALYSIS | BLOOD COUNT | OTHER |  |
|                          |       | WT.                       | HT. | WT.                     | HT.                                   | WT.             | HT.                |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | K     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 1     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 2     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 3     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 4     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 5     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 6     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 7     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 8     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 9     |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 10    |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 11    |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          | 12    |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |
|                          |       |                           |     |                         |                                       |                 |                    |                               |               |                     |       |         |  |         |        |            |                  |            |             |       |  |

**INSPECTION MARKING CODE:**  
**O = No observable defect. X = Defect. Circled X = Corrected. V = Irremediable.**