							(CUMUL A	TIVE SCH	OOL HEALT	TH RECOR	D					
NAME OF PUPIL (Last) (I					First)	Birthdate			Sex								
									(Middle)								
						CHEC	K BELOW II	PHYSICA	L AND DENT	AL EXAMINATI	ON RECORD	S ARE E	NCLOSED)			
Grade																	
Physical																	
Dental	NIEI	ICANT FIN	IDINGS AND I	HEALTH	ніст	OBA		DEN	TAL CARE		K - 1		6th		9th		
SIGNIFICANT FINDINGS AND HEALTH HISTORY Give age or date of disease, if known Yes No					Evidence of I		TAL CARL		K-1		Olli		901				
Chicken Pox		,	<u> </u>				Dental Care										
Diphtheria							Dental Treatr	nent in Progr	ess								
German Mea	asles	5					Dental Care	Apparently Co	mpleted								
Whooping C	ough	า															
Measles																	
Mumps																	
Scarlet Feve	er						DIAGN	OSTIC PRO	OCEDURES		Dates				Res	sults	
Tuberculosis					_		Chest X-Ray										
Tuberculosis		ntact			_		Tbc Skin Tes										
Other (Speci	ify)				_		Psychologica	l Tests									
					_												
Poliomyelitis	<u> </u>																
Allergies Convulsions					+						INANAL INII	ZATION F	ECORD.				
Diabetes	•				-		Give Dates	DTaP	Hep B	Hib	IPV	MCV	I				
Epilepsy					\dashv		Initial Dose	Diai	ПСРВ	TIID	II V	IVICV					
Heart Diseas	se						Booster										
Rheumatic F		r					Booster										
Orthopedic H							Booster										
Evidence of	Maln	nutrition *					Booster										
Vision Impai	rmen	nt					Give Dates	MMR	OPV	PCV	Tdap	Varicell	а				
Speech Han	dicap	o					Initial Dose										
Hearing Imp	airme	ent					Booster										
Other (Speci	ify)						Booster										
							Booster										
	Majo	r Injuries ar	nd/or Surgery			Date	Booster		LIFICUITA	ND WEIGHT DI	FCORD Reserve					-41	
							Grade - Date		HEIGHT A	ND WEIGHT RI	ECORD - Reco	ommenae	a annually (or more tre	equentiy, it inaica	atea 	
							Height										
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	Si	ignificant Cl	hild and Family I	Health His	tory		Grade - Date										
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ment of Pub	lic He	uires, cases ealth by the so d sign below.	of evidence of ma chool administrator.	Inutrition to Check box	be rep	ported to the Dence of malnutri	Depart- If there ition is name	is a vision or of the examine	foot examination grant foot examination grant for foot examination grant for foot foot foot foot foot foot foot	given by other than here also.	the reporting physi		examining phy	e cell anemia ysician when l	test shall be admin he determines such	nistered to each pup test necessary."	oil by request of the
Date													Result of Sickl	Yes No			
The above named person is physically able to participate in all physical education					nysical education	(Name) tion and							жке ехат it given: gb Type: SS AS Other				
competitive sports unless otherwise specified.														Type of Hgb			
Date							M.D. (Name) (Degree)										
Date		Na	ame and Title														
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Convulsions				IMMUNIZATION RECORD												
Diabetes				Give Dates	DTaP	Hep B	Hib	IPV	MCV							
Epilepsy				Initial Dose												
Heart Disease				Booster												
Rheumatic Feve	er			Booster												
		Booster														
Evidence of Ma				Booster												
Vision Impairme	ent			Give Dates	MMR	OPV	PCV	Tdap	Varicella							
Speech Handica	ар			Initial Dose												
Hearing Impairr	nent			Booster												
Other (Specify)				Booster												
				Booster												
Ma	jor Injuries and/or Surgery		Date	Booster												
	jor mjunos unaror eargery		Bate			HEIGHT AND	WEIGHT RE	CORD - Reco	ı ommended ar	nually or more t	requently, if indic	ated				
-				Grade - Date		TILIOTTI AND	I	- Nocc	Sillinichaea ar		requertity, it ittale	lica	T			
				Height												
				Weight												
	Significant Child and Family F	Health History	/	Grade - Date												
				Height												
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				Grade - Date												
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				Weight												
* If state law re	equires, cases of evidence of ma Health by the school administrator.	Inutrition to be	reported to the D	Depart- If there is	a vision or foot	examination given uld be given here	by other than the	ne reporting physi	ician, the If re-	quired by School Co	de:	olotowed to	by recursi			
ment of Public F	Health by the school administrator. and sign below.	Check box if e	vidence of malnutri	ition is name of	the examiner sho	uld be given here	also.		exan	A sickle cell anen" nining physician whe	iia test shall be admir n he determines such	nistered to each pupil test necessary."	by request of the			
										Given Yes		ŕ				
Date	<u> </u>			M.D		(Name)		(Degree)		ılt of Sickle exam if gi						
The above nam	ned person is physically able to r	participate in al	Il physical education	on and		()		(Degree)				AS (Other			
competitive spo	ned person is physically able to ports unless otherwise specified.	participate iii ai	ii priyolodi oddodiic	on and						nal Adult Type of Hgb		//5				
Date						(Name)		(Degree)	Nom	iai Addit Type of Tigo						
Date				M.D. (Name) (Degree) Examining Physician Notes and Summary by Teacher and/or Nurse												
						N	otes and Su	mmary by Tea	acher and/or l	Nurse		<u> </u>				
Date	Name and Title															
					,											

						CODING FOR I	HEARING A	ND VISION						
KIND OF IPS = Individual Puretone Scr HEARING TEST IPT = Individual Puretone Thr					GPS = Group Puretone Screening									her (see notes)
KIND OF		S = Sne			PS = Plu O = Obs	I = Instrument							nor (eee netee)	
VISION TEST TESTED BY		P. EX. =		TECH = Tech		T = Tea	ohor		= Physician				O = Ot	her (see notes)
TEST RES		P = Pas		FR = Failed a			Failed and Not		- Filysician	CNT =	Could Not To	est	0 - 01	ner (see notes)
REFERRAL RESULTS			Completed and Completed - Hand	Condition Correcte		mpleted - Impaired ot Completed (see not	es)							
SPECIAL EDUCATION AND/OR PROSTHESIS		SP.E. = VA = Vis	Special Education	on	G = Gla: PS = Plu		HA = Hearin PH = Phoria					O = Other (see notes)		
			HEARING	RECORD							ION RECO	ORD		
			Test F	Results	Referral	Spec. Ed.					Test Results		Referral	Spec. Ed.
Date	Kind	Ву			Results	and/or Prosthesis	Date	Kind	Ву	Visual Acuity	Plus Sphere	III Phoria	Results	and/or Prosthesis
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	euo															
		ld				son s pupil have major physical disability? (Explain) a										
		id				pject to bhysical examination of pupil?										
REACHED:	PERSON TO BE CONTACTED IN EMERGENCY IF PARENTS CANNOT BE REA							ARDIAN'S NAME	or GUV	O 10 BMAN 8'93HTOM				=MAN 8'93HTA=		