FOR POSITION ONLY ---->
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NAME

Middle

SEX (Check)

Attend- Date ance: Entered:

No. Days in School Year

Days Present

Days Absent

Chief Cause of Absence*

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PUPIL'S CUMULATIVE

Last

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5. PERSONALITY RATING RECORD SERIOUSNESS OF PURPOSE Κ 7 9 10 THIS SPACE TO BE USED FOR COMMENTS BY ANY TEACHER 6 11 12 Industry Initiative Personal Appearance Influence Concern for Others Responsibility **Emotional Stability** 6. STANDARD TEST RECORD GRADE EQ. OR RANK STAND. NORM SCHOOL GRADE DATE NAME OF TEST FORM SCORE I. Q. CITY NORM REMARKS 7. EXTRA-CURRICULAR ACTIVITIES AND HONORS YEAR ORGANIZATION OR EVENT SPONSOR OFFICE OR HONOR YEAR ORGANIZATION OR EVENT SPONSOR OFFICE OR HONOR SPORT AMT. PLAYED AWARD YEAR SPORT AMT. PLAYED AWARD 8. GRADUATE AND POST-GRADUATE HISTORY SUMMARY OF HIGH SCHOOL CREDITS GRADUATION RECORD POST-GRADUATE HISTORY Industrial Arts English Rank Number SCHOOL Date in Class in Class Social Studies Physical Education Transcript Date Mathematics Art Sixth Grade Science Music Sent To Date Computer Technology Languages Eighth Grade Commercial College Entered Course Agriculture Junior High Home Making Vocation Industrial Arts Remarks: Senior High Physical Education Examining Physician Degree) (Name) M.D. Date Normal Adult Type of Hgb tive sports, unless otherwise specified. Other SS Abnormal Hgb Type: The above named person is physically able to participate in all physical education and competi-Test Given Yes Result of Sickle Exam given: M.D. Date oN _ SeY physician when he determines such test necessary." examiner should be given here also. by school administrators. Check box if evidence of malnutrition is present \square and sign below: Certain Section(s) of the School Code: "A sickle cell anemia test shall be administered to each pupil by the request of the examining If there is a vision or foot examination given by other than the reporting physician, the name of the * State law requires cases of malnutrition to be reported to the State Department of Public Health Circled X = CorrectedV = IrremediableX = DefectINSPECTION MARKING CODE: O = No observable defect PARENT PRESENT **A**3HTO 10 ВГООД СОЛИТ URINALYSIS GEN'L APPEARANCE ORTHOPEDIC 9 AINA3H MEDICAL RECOMMENDATIONS (Effect on School Activities) **NBDOMEN** CHEST 3 FUNGS 2 TAAAH глмрн сглира К THYROID TH ЛW DENTAL RECOMMENDATIONS (X-Ray, Sodium Flouride) SPEECH DEFECT DATE TEST 70 **JAMRON** YAAUABET SEPTEMBER MOUTH BREATHING PARENT PRESENT HEIGHT AND WEIGHT RECORD DENTAL ATTENTION NEEDED **TAORHT** NOSE EXAMINATION NEEDED 11 PROPHYLAXIS NEEDED EXES EVIDENCE OF DENTAL CARE HAIR - SCALP TN∃NAMA∃٩ INDICATED SKIN YJTNJRA99A DECIDNONS * NOITIRTUN **EXTRACTIONS** CARIOUS POSTURE PERMANENT NEUROLOGICAL DECIDNONS NNFILLED GRADE GRADE **BTAQ BTAQ** DENTAL EXAMINATIONS PHYSICAL EXAMINATIONS (See Code Below) RHEUMATIC FEVER К TUBERCULOSIS ٦ Я Я GRADE TREATMENT RECEIVED OF TEST ALLERGY REFERRED THRESHOLD TEST INDIVIDUAL TS3T **BTAQ** SICKLE TEST DIABETES HEARING TEST LEAD TEST SURGERY INJURIES TB IN ASSOCIATES YAR-X EPILEPSY Ш TS TEST TONSILLITIS 10 EAR INFECTIONS STSET Neg or Pos 6 PNEUMONIA 8 TYPHOID FEVER Z VARICELLA **XO4JJAMS** 9 QΤ SCARLET FEVER 9 VQO POLIOMYELITIS Þ AMM мнооыие сопен 3 ΛdI SAMUM 2 HIB MEASLES НЕЬ В GERMAN MEASLES **GTP AIR3HTH9IQ** PDVISED OR GLASSES Я Я GRADE DATE TS3T 70 BYSIC BOOSTER DOSES VACCINE CHICKEN DOX CORRECTED YISUA JAUSIV UNCORRECTED VISUAL ACUITY IMMUNITY STATUS (Enter Dates) DATE AND REMARKS ILLNESS MEDICAL HISTORY VISION TEST