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BIRTH: Mon	th	Day	Year						ADDRI Street											ome elephone:												
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		ENTR	ANCE ANI	D WITHDR	RAWAL RECO	RD		7	Town						Zip	p Code			Te	mergency elephone:												
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	NAME OF SCHOOL		SCHOOL YEAR	GRADE		TEACHER	Total Days Attendance	Total Days Absent	Times Tardy	Reading	Writing	Spelling	Language		Arithmetic	Geodraphy	U. S. History	Social Studies	State History		Health and Safety	Science			Music	Art	Physical Education	Industrial Arts	Computer Skills		Home Arts	
GRADING SY	'MBOLS	A-Outstand Progress	ding B- s l	-Very Good Progress	C-Satisfac Progres	tory D-Below Average s Progress	e l	F-Little Prog	e or No gress	D																						
						3. RECOR	RD OF	F RE	LEAS	SE O	F PE	RMA	NEN	T RE	COF	RD INF	ORM		N													
	DATE				то	WHOM								II	IFOR	MATION	RELE	ASED)								F	ELEA	ASED E	ЗY		
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DOTTED LINE SHOWS APPROXIMATE TAB LOCATION. FOLLOW PREVIOUS JOBS. LINE DOES NOT PRINT

	4. ACCIDENT REPORT				5. MEDICAL RECOMMENDATIONS & RESTRICTION	٧S
DATE	INCIDENT	REPORTED BY	DATE TO	DATE FROM	RESTRICTIONS & CAUSE	DOCTOR'S NAME

6. SCHOOL HEALTH RECORD

				VISION	TEST					0. SCH			UKD		MEDICAL	HISTORY								
DATE	ш		ORREC	TED	CO	RRECTE			ILLNESS								IMMUNITY STATUS (Enter Dates)							
OF TEST	GRADE	R	JAL ACL	L	VISU R	JAL ACU	L L		CHICKEN POX							VACCINE		BOOSTER DOSES						
	ĸ							(DIPHTHERIA															
	1								GERMAN MEASLES															
	2								MEASLES															
	3								MUMPS															
	3								WHOOPING COUGH															
	4								POLIOMYELITIS															
	5																			_				
	6								SCARLET FEVER															
									SMALLPOX							VARICELLA	\							
	8								TYPHOID FEVER											_				
	9								PNEUMONIA															
	10								EAR INFECTIONS								Ng. or Ps.							
	11								TONSILLITIS							TB TEST								
	12								EPILEPSY							X-RAY								
																TB IN ASS	SOCIATES							
																LEAD TES	Т							
			н	EARING	TEST				DIABETES							SICKLE TE	ST							
DATE	GRADE	INDIVII TES		THRES TE		DEEE		TREATMENT	ALLERGY															
OF TEST	GR/	R	L	R	L	REFE	RRED	RECEIVED	TUBERCULOSIS															
	к								RHEUMATIC FEVER															
	1								РНҮ	SICAL EX	AMINATIO	N (See Co	de Below)			I	DENTAL I	EXAMINA	TIONS				
	2								DATE								DATE							
	3								GRADE							1	GRADE							
	4								NEUROLOGICAL								EXAM							
	5								POSTURE								PROBLEM							
	6								NUTRITION *															
	7							SKIN							Certain Sect	ion(s) of the School (shall be administered to each pupil by the request of the exami							
	8				HAIR - SCALP							physician wh	physician when he determines such test necessary."											
	9								EYES							Test Given	Yes kle Exam given:	No						
	10								EARS								-							
	11								NOSE							1				Oth	ər			
	12															Normal Adu	It Type of Hgb							
	12								THROAT															
									MOUTH BREATHING											Examining I	hysician			
									SPEECH DEFECT															
					IGHT RE			1								* State law r	equires cases of mal	nutrition to t	ne renorted	I to the Stat	a Department c	of Public Healt		
DATE	I∄⊢	SEPTE		FEBR		AP		NORMAL								by school ad	dministrators.				·	of a blie freak		
		WT.	HT.	WT.	HT.	WT.	HT.	WEIGHT	THYROID							Check box i	t evidence of malnutr	ition is prese	ent 🗆 and	sign below:				
	К								LYMPH GLANDS							TB IN ASSO								
	1								HEART							Date						M.D		
	2								LUNGS							ļ								
	3								CHEST							Thoshow	amod parces is	ically shire	norticia		ical advection	and come -tim		
	4								ABDOMEN								amed person is physics otherwise specified		o participat	e in all phys	ical education a	anu competiti		
	5								HERNIA															
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	7								GEN'L APPEARANCE															
	8								URINALYSIS							If there is a s	vision or foot evening	ation diven h	w other the	in the repor	ing physician	the name of th		
	9								BLOOD COUNT							If there is a vision or foot examination given by other than the reporting physician examiner should be given here also.					ng priysicidil, l	are name of t		
	10								OTHER							-								
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	11 12																(Nan					(Degree)		

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