WEST SALEM ELEMENTARY SCHOOL – HEALTH EXAMINATION

NAME_____

GENDER: M_____ F_____

DATE OF BIRTH: _____

General Appearance_____

General Nutrition_____

Posture_____

Height and Weight_____

Skin_____
- Scalp_____
- Inter digital_____

Eyes and lids_____
- Vision without glasses R___L___
- Vision with glasses R___L___
- Other R___L___

Ears_____
- General Condition R___L___
- Discharge R___L___
- Hearing R___L___

Naso Pharynx_____
- Tonsils_____
- Nasal Obstruction_____

Mouth_____
- Teeth_____
- Soft Tissues_____

Thyroid_____

Lymph Glands_____
- Cervical_____
- Other_____

Breasts_____

Lungs_____

_____

Heart_____
- Murmurs_____
- Enlargement_____

_____

Blood Pressure_____

Pulse Rate_____

Abdomen_____
- General_____
- Scars_____
- Hernia_____

Genitalia_____
- Undescended Testicle_____
- Atrophic Testicle_____
- Abnormalities_____

Bones & Muscles_____
- Chest_____
- Spine_____
- Upper Extremities_____
- Lower Extremities_____

Nervous System_____
- Reflexes_____

_____

Does this student have any health condition that may require a special health plan or may result in a school emergency such as:

anaphylaxis?	Yes ☐	No ☐
asthma?	Yes ☐	No ☐
diabetes?	Yes ☐	No ☐
migraines?	Yes ☐	No ☐
seizures?	Yes ☐	No ☐

Other: _____

Does this student receive any routine medication during the school day? Yes ☐ No ☐

Please complete School Medication Form.

WEST SALEM PUBLIC SCHOOLS

REPORT ON SIGNIFICANT FINDINGS OF HEALTH EXAMINATION

Recommendations/Remarks to the school:

Is pupil capable of carrying a full program of schoolwork?	Yes	No
Should there be restrictions on up and down stairs travel?	Yes	No
Is special seating recommended?	Yes	No
Is there evidence of emotional upset?	Yes	No

SIGNATURE OF EXAMINING PHYSICIAN **DATE**

RECORD OF ILLNESS: (State year in which each occurred)

Colds_____
Influenza_____
Ear infection_____
Tonsillitis_____
Bronchitis_____
Pneumonia_____
Tuberculosis_____
Poliomyelitis_____
Heart Trouble_____
Chicken Pox_____

Measles (Red)_____
Measles (German)_____
Whooping Cough_____
Diphtheria_____
Scarlet Fever_____
Small Pox_____
Rheumatic Fever_____
Kidney Infection _____
Convulsive Seizures_____

Eczema_____
Asthma_____
Hay Fever_____
Other Allergy_____
Chorea_____
Mumps_____
Typhoid_____
Malaria_____
Diabetes_____

PREVIOUS INJURIES/OPERATIONS OR ILLNESS:

_____

_____

_____

_____

_____

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