BUENA VISTA
Seventh-day Adventist School

STUDENT MEDICAL RECORD

Only designated staff, such as the school nurse , will have access to the completed form.

Name _____ Birth Date _____

Address _____

_____

Name of Father _____ Name of Mother _____

History: Past illnesses and allergies. Please check all that apply.

___ Cancer	___ Measles	Allergies:
___ Chicken Pox	___ Tuberculosis	___ Asthma
___ Diabetes	___ Whooping Cough	___ Hay Fever
___ Epilepsy	___ Chronic Ear Infections	___ Bee Sting
___ Heart Disease	___ Other _____	___ Penicillin
		___ Other Medications

Explain briefly factors such as surgeries, serious accidents or injuries, congenital defects, etc., which may affect the child's school experience.

_____

_____

Indicate physical problems by checking the appropriate line:

_____ Hearing _____ Vision _____ Speech _____ Other_____

IMMUNIZATIONS: An official record of immunizations must accompany this medical record for all students entering school for the first time in the United States regardless of grade level.

PHYSICAL EXAMINATION

To be completed by the family physician and kept on file at the school for all children entering school for the first time.

Student's Name _____ Height _____ Weight _____ Blood Pressure _____

	Normal	Abnormal	Not Examined	Comments
Skin				
Eyes, vision, glasses				
Ears, hearing				
Nose, throat				
Mouth, teeth, speech				
Glands				
Chest, lungs				
Cardiovascular, heart				
Abdomen - enlargement				
- tenderness				
- hernia				
Spine, back Scoliosis for 7th grade				
Posture				
Extremities				
Genitourinary				
Nervous system, reflexes				

Nutritional status and general appearance of child _____

_____

Recommendations for additional medical care _____

_____

This student may participate in a normal physical education program which includes such activities as running, jumping, and tumbling. ☐ Yes ☐ No ☐ Limited Participation

Please explain: _____

_____

_____

Physician's Signature _____ Date _____

Address _____