

Report To School On Significant Findings of Health Examination

Students Name: _____ School: _____
 Address: _____ Grade: _____
 Parent/Guardian: _____ Phone #: _____

Describe any concerns the parent/guardian or physician has expressed regarding physical, behavioral, developmental or emotional problems and related treatments for this child.

List any medical conditions of significance as observed by the health examiner:

LAB RESULTS:

Height: _____ Weight: _____ Blood Pressure: _____
 Hemoglobin/ Urinalysis: _____
 Hematocrit _____
 Vision: Right 20/ _____ Left 20/ _____
 Hearing: Right ear: _____ at 1000 _____ at 2000 _____ at 4000
 Left ear: _____ at 1000 _____ at 2000 _____ at 4000

Physical Assessment

	WNL	ABN
General Appearance		
Eyes		
Ears		
Nose, Mouth Throat		
Lymph Nodes		
Thyroid		
Skin		

	WNL	ABN
Teeth		
Lungs		
Heart		
Abdominal Exam		
Musculoskeletal		
Gait/Posture		
GU/GYN Exam		

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Are there any restrictions in activity? YES _____ NO _____

Do age/history indicate a need for immunizations? YES _____ NO _____

Immunizations given: _____

Comments: _____

Address for clinic: _____

Phone for clinic: _____

Date of physical exam / vaccines: _____

SIGNATURE OF HEALTH EXAMINER: _____

Parent / Guardian: Upon completion please return to school.