

SCHOOL _____

SCHOOL HEALTH EXAMINATION RECORD

Grade _____

I.

Child's Name:	Last	First	Middle	Birth Date	Home Address	Home Phone
Father's or Guardian's Name				Place of Employment		Business Phone
Mother's or Guardian's Name				Place of Employment		Business Phone
Physician's Name				Address		Office Phone

II. Is there anything about your child that the teacher needs to know to understand him better?

III. List diseases and other serious illnesses, injuries or health conditions your child has had and give dates (year only):

IV. Does any relative or anyone in the home have tuberculosis, diabetes or other illnesses? Describe:

COMPLETE BOTH SIDES

2/2010