

Midland Community School District Pupil Health History and Physical Form

Birthday	Student-	Male- _____ Female- _____	Home Town	#1 Phone
Parent Name of Guardian		#2 Phone	Family Doctor	Clinic Address/Phone Number

Health History

Health Concern	Date	Comment
Allergies Medication- Food/Environment-		Treatment=
Medication taken regularly	Date Prescribed	Prescribing Doctor
Prenatal/Birth		
Continent of bowel and bladder		
Chronic Ear Infections		Treatment/Tubes in place?
Diseases/Disorders (circle below) Asthma Diabetes Seizure Behavior Disorder Other=		
Chickenpox		®MD Diagnosed ®Vaccine ®Parent Report
Physical Injury		
Hospitalization/Surgery		
Immunizations	Attach IDPH Immunization Certificate	®Up to date for school entry ®Boosters Needed

Parent's Statement on Sharing of Information:

Information on this form is confidential and will be filed in the school nurse's office. I understand that the information on this form will be shared with school staff members only on a need to know basis for the safety and well-being of my child.

Parent/Guardian Signature _____

Physical Exam and Assessment

Signature of Examiner _____

Date of Exam _____

Height _____ Weight _____ BP _____

Vision: Both 20/____ Right 20/____ Left 20/____

System	Check if WNL	Comments/Referred
Posture		
Nutrition		
Skin		
Eyes		Wears glasses?
Ears/Hearing		
Nose & Throat		
Tonsils & Glands		
Heart		
Lungs		
Abdomen		
Musculo/Skeletal		
Genitourinary		UA done?
Neurological		
Emotional/Social		
Lead Screening	Last date screened	Result
Dental Screening		State Dental Form Required
Health Conditions requiring interventions/modification at school:		

