

## Meskwaki Settlement School District Pupil Health History and Physical Form

<b>Birthdate</b>	<b>Student-</b>	Male- _____ Female- _____	Home Town	#1 Phone
<b>Parent Name of Guardian</b>	#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		
<b>Lead Screening</b>	Last date screened	Result
<b>Dental Screening</b>		State Dental Form Required
<b>Health Conditions requiring interventions/modification at school:</b>		

