

HANOVER COMMUNITY SCHOOL CORPORATION MEDICAL – PHYSICAL RECORD

NAME _____ SEX _____ BIRTHDATE _____

HISTORY - TO BE FILLED OUT BY THE PARENT BEFORE GOING TO THE DOCTOR

HAS THE CHILD HAD THE FOLLOWING? PLEASE ANSWER YES OR NO. IF YES, GIVE MONTH/YEAR

CHICKEN POX _____	FREQUENT STOMACH UPSET _____
MEASLES-RUBELLA _____	FREQUENT COLDS _____
MEASLES-RUBEOLA (3 DAY) _____	EARACHES _____
MUMPS _____	DOES THE CHILD HAVE A HEARING LOSS? _____
SCARLET FEVER OR SCARLETINA _____	DOES THIS CHILD WEAR GLASSES? _____
RHEUMATIC FEVER _____	DATE OF LAST CHECK BY EYE DOCTOR _____
ASTHMA _____	DOES THIS CHILD TAKE MEDICATION? _____
ALLERGY _____	IF YES, EXPLAIN _____
DIABETES _____	_____
EPILEPSY _____	_____

OTHER MEDICAL CONDITIONS: _____

ACCIDENTS: DESCRIBE _____

OPERATIONS: DESCRIBE _____

PARENTS: In accord with the school policy adopted by the Hanover Community School Board, all students entering Kindergarten and 6th grade or entering Hanover School Corporation for the first time are to be examined by a physician. The information requested on these forms will be of help to the school authorities in determining the health status of your child and in assisting him/her to receive maximum benefits from his educational opportunity. Please return to the school at your earliest convenience. The payment of this exam is the responsibility of the parent.

IMMUNIZATIONS: (P.L. #103, ACTS OF 1976) TO BE FILLED OUT BY DOCTOR

DTaP _____	_____	_____	_____	_____	_____	Tdap _____	MCV4 _____	_____
1	2	3	4	5			1	2
IPV _____	_____	_____	_____	MMR _____	_____	VARICELLA _____	_____	_____
1	2	3	4	1	2	1	2	
HEP A _____	_____	HEP B _____	_____	_____	_____	OTHER _____	_____	_____
1	2	1	2	3	4			

SCOLIOSIS SCREENING _____

DOES STUDENT TAKE MEDICATION? _____ NAME OF MEDICATION _____

RESTRICTIONS, IF ANY _____

HEIGHT _____
 WEIGHT _____
 B/P _____
 EYES _____
 EARS _____

HEART _____
 LUNGS _____
 ABDOMEN _____
 THROAT, GLANDS _____
 URINALYSIS _____

DATE _____

PHYSICIAN'S SIGNATURE _____

PHYSICIAN'S PRINTED NAME _____