

DES MOINES CATHOLIC SCHOOLS

STUDENT MEDICAL FORM

| | | | |
|----------------------------------|-------------------|----------------|-----------------|
| <u>Last Name</u> | <u>First Name</u> | <u>School</u> | <u>Grade</u> |
| <u>Birthdate</u> | <u>Birthplace</u> | <u>Sex</u> | <u>Phone</u> |
| <u>Parent's Name or Guardian</u> | | <u>Address</u> | <u>Zip Code</u> |

| ILLNESS/DISEASE | | Dates of Immunization | | | | | |
|-------------------------|----------------|------------------------------|--|--|--|--|--|
| Epilepsy | Whooping Cough | Diphtheria | | | | | |
| Chicken Pox | Measles (red) | Pertussis | | | | | |
| Diabetes | Mumps | Tetanus | | | | | |
| TB | Rubella | Hib | | | | | |
| Rheumatic Fever | | Polio | | | | | |
| Other Illnesses/Surgery | | MMR | | | | | |
| | | Hep B | | | | | |
| Allergies | | Varicella | | | | | |

PHYSICAL EXAMINATION
√ = normal or negative

| | | |
|--------------------------|-------------|----------------|
| Appearance | Ear | Hernia |
| Posture | Nose | Back |
| Nutrition | Throat | Extremities |
| Development | Lymph Nodes | Blood Pressure |
| Vision – R___/20 L___/20 | Heart | Hemoglobin |
| Neurological | Thyroid | Urine Analysis |
| Skin | Lungs | Height |
| Hair & Scalp | Abdomen | Weight |
| Eyes | Genitals | Other |

| | |
|------------------------|--------------------|
| Chronic Disease | Medications |
|------------------------|--------------------|

Remedial Defect

Physical Education Program: Full Limited None

Reason for Limitation

Physician's Comments & Recommendations

Important Medical Information

Date of Examination Physician