

Diocese of Des Moines Student Medical Report

<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 or Guardian's Name</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 Illness/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 and Scalp	Abdomen	Weight	
Eyes	Genitals	Other	
Chronic Disease	Medications		
Remedial Defect			
Physical Education Program	Full	Limited	None
Reason for limitation			
Physician's Comments and Recommendations			
Important Medical Information			
Date of Examination		Physician	