

148 McHenry Street Burlington, WI 53105 (262) 763-1510

PUPIL'S HEALTH EXAMINATION

PAST HEALTH HISTORY:

Year

*** BLOOD WORK:**

Rheumatic Fever _____

Heart _____

Epilepsy _____

Convulsions _____

Diabetes _____

Cerebral Palsy _____

Kidney Disease _____

Allergies _____

Asthma _____

Other _____

Operations _____

HBG _____

HCT _____

WBC _____

Albumin _____

Sugar _____

WEIGHT: _____

HEIGHT: _____

VISION:

R _____

L _____

EARS (hearing):

R _____

L _____

Summary of significant findings: _____

Referred to specialist: _____

Unlimited Activity _____

Limited Activity _____

(Describe) _____

Full Program of School Work _____

Modified School Work Program _____

Homebound Instruction _____

Special School Placement _____

Visually Handicapped _____

Orthopedic School _____

Hard of Hearing _____

Other _____

Recommendations for follow-up by school nurse: _____

Date of Exam _____

Physician _____

Address _____

*Recommended

OVER