

**TheTatnall School
Student Health Appraisal
2010-2011**

Please return to Mary Garrett

Grade: _____

Birthdate: _____

Sex: M _____ F _____

_____ *Affix preprinted label or write child's name here.*

SECTION A - to be completed by parent before physical examination.

Health Record - Please provide approximate date your child initially experienced problems with any of the following:

ADD/ADHD		Bone/Spine		Hearing		Seizures	
Allergies		Bowel/Bladder		Heart		Speech	
Asthma		ChickenPox		Infections		Surgery	
Behavior		Diabetes		Kidney		Vision	
Bleeding		Emotional		Physical Disability		Other	

Additional information about your child (include accidents and injuries):

Parent/Guardian Signature: _____ Date: _____

Immunization Record - Please provide dates your child received the following immunizations:

DTP/DTaP					
OPV/IPV					
HepB					
HIB					
MMR					
Varicella					
Pneumococcal					
Meningococcal					
Other					

SECTION B - To be completed by examining physician. *X = within normal limits O = see remarks below*

Age: _____ Height: _____ Weight: _____ BMI _____ Blood Pressure: _____ Pulse: _____

Vision: R _____ L _____ Hearing: R _____ L _____

Lead Screening Date: _____ TB Risk Assessment: _____

General Appearance		Mouth/Teeth/Gums		Genitalia	
Head/Scalp		Heart		Neurological	
Eyes		Chest/Lungs		Developmental	
Ears		Skin		Musculoskeletal	
Nose/Throat		Abdomen		Nutrition	

Remarks: _____

Recommendations: _____

Health Teaching: _____

Limitations: _____

Examiner's Signature: _____ Date: _____

Print name: _____ Telephone number: _____