

# DES MOINES CATHOLIC SCHOOLS

## STUDENT MEDICAL REPORT

Last Name	First Name	School	Grade
Birthdate	Birthplace	Sex	Phone
Parent's Name or Guardian		Address	Zip Code

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

√ = normal or negative

### PHYSICAL EXAMINATION

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
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Remedial Defect

Physical Education Program: Full                      Limited                      None

Reason for Limitation

Physician's Comments & Recommendations'

Important Medical Information

Date of Examination.                      Physician