

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 <u> </u> /20 L <u> </u> /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