

EMERY COUNTY SCHOOL DISTRICT
Medical Exam

Parents fill in Sections I, II, & III prior to examination.

I.

Pupil's name _____ Birthdate _____ M F

Address _____ Phone _____

Parents _____

Student lives with :

Both parents ___ Mother ___ Father ___ Other (explain) _____

Brothers and Sisters (Names and Ages) _____

II.

Past Medical History: Check all that apply

Asthma _____ Rheumatic Fever _____ Seizures _____

Allergies _____ Frequent Sore Throat _____ Frequent Ear infection _____

Hearing loss _____ Headaches _____ Heart problems _____

Dental problems _____ Intestinal problems _____ Arthritis _____

Explain briefly any YES answer _____

III.

Immunization History- Please put # child has had in each box.

DTaP ___ Polio ___ MMR ___ Hep B ___ Hep A ___ Varicella ___

IV.

Physical Examination – To be filled out by Medical Provider

Height _____ Teeth _____ Skin _____

Weight _____ Lymph Nodes _____ Genitalia _____

Nutrition _____ Heart _____ Extremities _____

Eyes _____ Abdomen _____ Neurological _____

ENT _____ Back _____ Speech _____

Dr. comments _____

Immunizations given today

Medical Provider Signature

Date