

MASSACHUSETTS SCHOOL HEALTH RECORD

PRIVATE PHYSICIAN'S EXAMINATION - Subsequent Evaluations Only

To Physician/Practitioner:

Please note that your initial school examination of the child should be recorded on the prescribed itemized form (PH-M-18). This abbreviated form is to be used only for follow up or subsequent examinations.

Student's Name: _____

Address: _____

Date of Birth: _____ School: _____

Date of last complete physical exam: _____ Hgt. _____ Wgt. _____

Significant Findings:

Blood Pressure: _____ / _____

Hct. or Hgb. : _____

Other Lab. : _____

Postural Screening:

TB Test: _____

Significant illness or injuries since last report:

General estimate of health:

Immunization/Boosters (give exact date):

DTP:

Hep B:

Td:

MMR:

TOPV:

Varivax:

Varicella:

Medication or treatment orders to be carried out at school:

Restrictions on sports participation or recommended modifications to school program:

Other Comments:

Signature, Examining Physician/Nurse Practitioner

Date

Name & Address (Please print) : _____ Telephone _____

