

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