

LANSINGBURGH CENTRAL SCHOOL DISTRICT
Troy, New York

HEALTH SERVICES
for
Catholic Central High School

MEDICAL EXAMINATION RECORD

Pupil's Name _____ Address _____

Date of Birth _____ School _____

Height _____ Weight _____ Posture _____

Nutrition _____ Feet _____

Skin _____ Lungs _____

Eyes: Right _____ Squint _____ Hernia _____

Left _____ Squint _____ Genitalia _____

Ears: Right _____ Abdomen _____

Lymph Nodes _____ Nervous System _____

Thyroid _____ Speech _____

Nose _____ Epilepsy _____

Tonsils _____ Scoliosis _____

Teeth _____ Medication _____

Heart _____

IMMUNIZATION RECORD DATES

Blood Pressure _____ Hepatitis _____ HIB _____

Other _____ Triple Vaccine _____

Oral Sabin _____

MMR _____ Varicella _____

RECOMMENDATIONS

These questions must be answered indicating whether or not in your opinion this child needs medical or dental care.

Medical Care _____

Dental Care _____

Date Examining Physician's Signature Address