

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 /20 L /20	Heart	Hemoglobin	
Neurological	Thyroid	Urine Analysis	
Skin	Lungs	Height	
Hair & Scalp	Abdomen	Weight	
Eyes	Genitals	Other	
Chronic Disease		Medications	
Remedial Defect			
Physical Education Program: Full Limited None			
Reason for Limitation			
Physician's Comments & Recommendations'			
Important Medical Information			
Date of Examination.		Physician	