## **SCHOOL ENTRANCE MEDICAL EXAM**

Complete Address		Birthda	ile		
-					
			Telephone		
Name of Dentist		Dentis	Phone		
	MEDICAL	. HISTORY OF CHII	_D		
Chicken Pox			Mondos		
Bee Sting Allergy	Describe reaction				
Eczema	 Hives				
Asthma	<u> </u>				
Any known allergies					
Other significant					
Health information					
	HFAITH DE	ROTECTIVE MEASU	RFS		
Tuberculin Test: Date:	Type				
Please include month, date			Negative		
DTaP/DTP/DT/Td:	, o	Polio Vaccir	ie:		
1 <sup>st</sup>			1 <sup>st</sup>		
2 <sup>nd</sup>			2 <sup>nd</sup>		
3 <sup>rd</sup>			3 <sup>rd</sup>		_
4 <sup>th</sup>			4 <sup>th</sup>		
5 <sup>th</sup>					
-	d on or after 1 <sup>st</sup> birthda	ay) 2 <sup>110</sup>	(received at leas	t 28 days after first dose	e)
MMR Vaccine:	d on or after 1° birthda			· 	e) 
MMR Vaccine:	d on or after 1° birthda	2 <sup>nd</sup> dose		rd dose	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose		2 <sup>nd</sup> dose	3	· 	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require	d) <u>1<sup>st</sup> dose</u>		3	· 	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require	d) 1 <sup>st</sup> dose nt)	2 <sup>nd</sup> dose	3	· 	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require	d) 1 <sup>st</sup> dose nt)	2 <sup>nd</sup> dose	3	· 	<del>-</del>
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require HIB Vaccine: (not a requirement Height:	d) 1 <sup>st</sup> dose  nt)  MEDICAL EX	2 <sup>nd</sup> dose  2 <sup>nd</sup> dose  (AMINATION OF Comparison of Compar	3 HILD	rd dose	<del></del>
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require  HIB Vaccine: (not a requirement  Height:  Eyes:	d) <u>1<sup>st</sup> dose</u> nt)  MEDICAL EX	2 <sup>nd</sup> dose  2 <sup>nd</sup> dose  (AMINATION OF Company) Weight: Vision:	3 HILD R: 20/	rd dose  L: 20/	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require  HIB Vaccine: (not a requirement  Height:  Eyes:  Ears:	d) <u>1<sup>st</sup> dose</u> nt) <b>MEDICAL E</b> )	2 <sup>nd</sup> dose  2 <sup>nd</sup> dose  (AMINATION OF Comparison of Compar	3 HILD	rd dose	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require HIB Vaccine: (not a requirement  Height: Eyes: Ears:  Any vision, speech or	d) 1 <sup>st</sup> dose  nt)   MEDICAL EX  hearing difficulty:	2 <sup>nd</sup> dose  2 <sup>nd</sup> dose  (AMINATION OF Company of the description of th	3 HILD R: 20/	rd dose  L: 20/	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require HIB Vaccine: (not a requirement  Height: Eyes: Ears: Any vision, speech or  Nose:	d)dose	2 <sup>nd</sup> dose  2 <sup>nd</sup> dose  (AMINATION OF Company of the second of the secon	3 HILD R: 20/	rd dose  L: 20/	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require HIB Vaccine: (not a requirement Height: Eyes: Ears: Any vision, speech or Nose: Mouth:	d)dose	2 <sup>nd</sup> dose  2 <sup>nd</sup> dose  (AMINATION OF Companies to the second sec	3 HILD R: 20/	rd dose  L: 20/	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require HIB Vaccine: (not a requirement Height: Eyes: Ears: Any vision, speech or Nose: Mouth: Posture:	d) 1st dose  nt)  MEDICAL EX  hearing difficulty:	2 <sup>nd</sup> dose  2 <sup>nd</sup> dose  (AMINATION OF Companies to the second sec	3 HILD R: 20/	rd dose  L: 20/	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require HIB Vaccine: (not a requirement Height: Eyes: Ears: Any vision, speech or Nose: Mouth: Posture: Skin:	d) 1 <sup>st</sup> dose  nt)  MEDICAL E)  hearing difficulty:	2 <sup>nd</sup> dose  2 <sup>nd</sup> dose  (AMINATION OF Companies to the second condition:  Throat: Teeth: General Condition: Orthopedic:	3 HILD R: 20/	rd dose  L: 20/	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require HIB Vaccine: (not a requirement Height: Eyes: Ears: Any vision, speech or Nose: Mouth: Posture: Skin: Neck:	d)dose	2 <sup>nd</sup> dose  2 <sup>nd</sup> dose  (AMINATION OF Classification: Appendix Condition: Conthopedic: Nervous System:	3 HILD R: 20/	rd dose  L: 20/	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require HIB Vaccine: (not a requirement Height: Eyes: Ears: Any vision, speech or Nose: Mouth: Posture: Skin: Neck: Heart:	d) 1 <sup>st</sup> dose  nt)	2 <sup>nd</sup> dose  2 <sup>nd</sup> dose  (AMINATION OF Classification: Weight: Vision: Hearing Test:  Throat: Teeth: General Condition: Orthopedic: Nervous System: Lungs:	3 HILD R: 20/	rd dose  L: 20/	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require HIB Vaccine: (not a requirement Height: Eyes: Ears:  Any vision, speech or Nose: Mouth: Posture: Skin: Neck: Heart: Abdomen:	d)dose	2 <sup>nd</sup> dose  2 <sup>nd</sup> dose  (AMINATION OF Classification: Weight: Vision: Hearing Test: Throat: Teeth: General Condition: Orthopedic: Nervous System: Lungs: Hernia:	3 HILD R: 20/	rd dose  L: 20/	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require HIB Vaccine: (not a requirement Height: Eyes: Ears: Any vision, speech or Nose: Mouth: Posture: Skin: Neck: Heart: Abdomen: Genitalia:	d) 1 <sup>st</sup> dose  nt)  MEDICAL E)  hearing difficulty:	2 <sup>nd</sup> dose  2 <sup>nd</sup> dose  (AMINATION OF Classification: Weight: Vision: Hearing Test:  Throat: Teeth: General Condition: Orthopedic: Nervous System: Lungs:	3 HILD R: 20/	rd dose  L: 20/	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require HIB Vaccine: (not a requirement Height: Eyes: Ears: Any vision, speech or Nose: Mouth: Posture: Skin: Neck: Heart: Abdomen: Genitalia:  Remarks and/or recommendati	d)dose	2 <sup>nd</sup> dose  2 <sup>nd</sup> dose  (AMINATION OF Classification: Weight: Vision: Hearing Test: Throat: Teeth: General Condition: Orthopedic: Nervous System: Lungs: Hernia:	R: 20/   Type	L: 20/ R L	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require HIB Vaccine: (not a requirement  Height: Eyes: Ears:  Any vision, speech or  Nose:	d)dose	2 <sup>nd</sup> dose  2 <sup>nd</sup> dose  (AMINATION OF Classification: Weight: Vision: Hearing Test:  Throat: Teeth: General Condition: Orthopedic: Nervous System: Lungs: Hernia: Urinalysis:	R: 20/   Type	L: 20/ R L	e) 
MMR Vaccine:  Hepatitis B: 1 <sup>st</sup> dose  Varicella-Chicken Pox: (require HIB Vaccine: (not a requirement Height: Eyes: Ears: Any vision, speech or Nose: Mouth: Posture: Skin: Neck: Heart: Abdomen: Genitalia:  Remarks and/or recommendati	d)dose	2 <sup>nd</sup> dose  2 <sup>nd</sup> dose  (AMINATION OF Classification: Weight: Vision: Hearing Test:  Throat: Teeth: General Condition: Orthopedic: Nervous System: Lungs: Hernia: Urinalysis:	R: 20/   Type	L: 20/ R L	e)