

INDEPENDENCE LOCAL SCHOOLS
STUDENT PHYSICIAN'S REPORT / HEALTH HISTORY

Form 5300/5310
Revised: 4/2013

STUDENT _____ DATE OF BIRTH _____ GRADE _____

To be filled out by Physician:

PHYSICAL EXAMINATION

Date Examined _____ Height _____ Weight _____ Blood Pressure _____

Essentially Normal _____ Abnormalities as follows: _____

Vision - R20/____ L20/____ **Hearing Test** - Type _____ R _____ L _____

Lab Tests - _____ Urinalysis _____ Hemoglobin _____ Other - _____

Medication - What medication, if any, is the child taking? _____
Reason for medication _____
Was the child referred to a specialist for any reason? Specify _____

IMMUNIZATION RECORD: Enter month/day/year of each immunization:

DTP*	1.	2.	3.	4.	5.*
Tdap	1.				
POLIO*	1.	2.	3.	4.*	
PREVNAR	1.	2.	3.	4.	
HIB	1.	2.	3.	4.	
MMR***	1.*	2.*	3.*		
Hepatitis B*	1.	2.	3.		
Varicella	1.	2.			
Tuberculin Test	Date	Type	Results	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

*The 5th DTP and 4th Polio should be administered just prior to preschool or school entrance.

** If measles, mumps, rubella are not given as MMR, give dates for each immunization:

Measles _____ Mumps _____ Rubella _____

Students entering 7th grade must have a Tdap booster.

PLEASE PRINT OR STAMP

Physician's Name: _____
Address: _____
Phone: _____

Physician's Signature _____

Date _____

To be filled out by Physician/Parent/Guardian:

Health History: (Check where appropriate)

Anemia	Diabetes	Headaches	Vision Problems
Asthma	Eczema	Hepatitis	Urinary Tract
Chicken Pox	Ear Infections	Scarlet Fever	Other
Convulsions	Heart Disease	Sickle Cell	

Allergies: Medications _____
Foods/Animals/Plants _____
Treatment _____

Injury or Illnesses: _____

Medications: Daily _____
Frequently _____

Other concerns about child's health we should be aware of: _____

Signature of Parent/Guardian _____

Date _____

***State Requirement for entrance into school.**