

Maquoketa Valley Community School District  
Pupil Physical and Health Record

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date \_\_\_\_\_

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Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medicine Taken Regularly, Defects or Conditions that would have an effect on  
school performance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disease History**

Allergies: \_\_\_\_\_

Chicken Pox: \_\_\_\_\_

Diphtheria: \_\_\_\_\_

German Measles (Rubella): \_\_\_\_\_

Hepatitis: \_\_\_\_\_

Measles (Rubella): \_\_\_\_\_

Mumps: \_\_\_\_\_

Pneumonia: \_\_\_\_\_

Poliomyelitis: \_\_\_\_\_

Rheumatic Fever: \_\_\_\_\_

Scarlet Fever: \_\_\_\_\_

Small Pox: \_\_\_\_\_

Whooping Cough: \_\_\_\_\_

Operations & Injuries: \_\_\_\_\_

Other: \_\_\_\_\_

**Physical Examination:** (see other side)

General Appearance: \_\_\_\_\_  
Height: Weight: \_\_\_\_\_  
Blood Pressure: \_\_\_\_\_  
Visual Acuity: \_\_\_\_\_ (distance and near if possible)  
Posture: \_\_\_\_\_  
Nutrition: \_\_\_\_\_  
Skin: \_\_\_\_\_  
Feet: \_\_\_\_\_  
Nose & Throat: \_\_\_\_\_  
Eyes & Ears: \_\_\_\_\_  
Tonsils & Glands: \_\_\_\_\_  
Heart & Lungs: \_\_\_\_\_  
Abdomen: \_\_\_\_\_  
Genitals: \_\_\_\_\_  
Urinalysis: \_\_\_\_\_  
Blood Count: \_\_\_\_\_

BLOOD LEAD TEST DONE: NO/YES DATE: \_\_\_\_\_  
(Attach lab results if possible)

PLEASE ATTACH UPDATED IMMUNIZATION CERTIFICATE

**Name of Examining Physician:**

**Date:**

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