

Maquoketa Valley Community School District
Pupil Physical and Health Record

Name: Last _____ First _____ Middle _____
Male _____ Female _____ Birth date _____

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:
