

*This portion is to be filled out by parent/guardian
and returned to Perry Elementary Main Office
by the first day your child attends school*

**Student Health Record
Perry Elementary**

Student Name _____ Age _____ Birthdate _____ Entering Grade _____

Parent/Guardian _____ Telephone(s) _____

Illness Record (check if child has experienced the illness)

Chicken pox _____ Asthma _____ Diabetes _____ Seizures _____ Chronic Ear Infections _____

Allergies (describe) _____

Other _____

This portion to be completed by physician

WEIGHT: _____

HEIGHT: _____

Vision Unassisted R _____ L _____
Assisted R _____ L _____

Lungs _____

Ears R _____ L _____

Marfan's Syndrome Stigmata YES NO

Hearing R _____ L _____

Heart Rhythm REGULAR IRREGULAR

Skin and Scalp _____

Murmur Supine YES NO

Teeth _____

Standing YES NO

Nose _____

Blood Pressure _____/_____

Tonsils _____

Musculo-skeletal system NORMAL DEFECT

Type of defect: _____

Glands or neck _____

State of Nutrition _____

Thyroid _____

This student is CLEARED NOT CLEARED
to participate in physical education class.

Abdomen _____

Routine Medications _____

Physician Signature _____

Address _____

Date _____

Phone _____

Attach immunization report