



Health Information

MEDICAL EXAMINATION REPORT: Completed by physician

Student name _____

Birth date _____ Height _____ Weight _____

General appearance, nutritional state, and vitality _____

Skin (color, condition, eruptions) _____

Head (size, shape, symmetry) _____

Ears: right _____ left _____ Hearing: right _____ left _____

Eyes: right _____ left _____ Vision: right _____ left _____

Nose _____

Throat _____

Neck (lymph nodes and thyroid) _____

Chest _____

Heart _____

Lungs _____

Abdomen _____

Genitalia _____

Posture & extremities (including skeletal abnormalities) _____

Neurological _____

Comments on emotional behavior _____

Speech difficulty _____

Other, including lab reports _____

Is this child capable of carrying a full program of schoolwork, including athletics? Yes No

Recommended restrictions _____

MEDICAL CERTIFICATION OF IMMUNIZATION: May be completed by parent/guardian

The Butler County Health Department requires doctor's confirmation of occurrence of communicable disease.

DISEASE	FIRST	SECOND	THIRD	FOURTH	FIFTH
Diphtheria					
Whooping Cough					
Tetanus					
Polio/Salk					



Health Information

Polio/Trivalent Oral					
Polio/TOPV					
MR (Combined Measles)					
MMR (Measles/Mumps/Rubella)					
Rubella (German Measles)					
Rubeola (Regular Measles)					
Mumps					
Vericella (Chicken Pox)					
Hepatitis B					
HIBS					
TB Skin Test					

Signature of Physician _____ Date _____

Address _____