## NORTH MAHASKA COMMUNITY SCHOOLS

NEW SHARON, IOWA 50207

Name (	(last)	(first)	(middl	e)		Address (in pencil	M	Birthdate						
Name of Parent or 0				Phone (in pen	cil)	Family Physician				Hospital				
Medicine taken regularly	,				Conditions that wou an effect on school									
DISEASE HISTO	RY DATE	(YR.)			IMMUNIZATIONS						HEARING			
Chickenpox		( ,	DPT, DT or TD	(1)	(2)	(3)	(4)	(5)		Grade	Date			
Convulsions			Polio	(1)	(2)	(3)	(4)	(5)						
Hepatitis			Measles-Mump & Rubella	OS										
Mononucleosis										_				
Mumps OTHER PERTINENT INFORMATION														
Pneumonia														
Rheumatic Feve	er													
Rubella														
Rubeola														
Scarlet Fever			DEN	ITAL	Date		Date	!	SPEECH					
Operations & Injuries														
				אוכוס	N SCREENING					UEIGUT	ND WEICH	T DECORD		

	VISION SCREENING									HEIGI	HEIGHT AND WEIGHT RECORD					
Date	Grade Level	Age	Name of School	With C	Vis Glasses	on No Glasses		Date			Spring		Fall			
				R	L	R	L	Referred	Comments	Date	Ht.	Wt.	Ht.	Wt.		