DAVIS COUNTY SCHOOLS - CUMULATIVE HEALTH RECORD

Confidential information for use by Professional Personnel

BIRTHDATE	Month	Day	Year	Check Sex	M	F
					☐	☐

☐ **LEAD**

☐ **DENTAL**

Year/School																							
Grade																							
Teacher																							

IMMUNIZATION & TEST RECORD

Enter Month Day & Year

EXEMPT
Medical ☐
Religious☐

POLIO	
DPT/Td	
MEASLES (10 day)	
RUBELLA (3 day)	
MUMPS	
TUBERCULIN	
OTHER	

Please check below if any problems are present:

Known Eye Problems:
☐Glasses ☐Contact Lens ☐Preferential Seating
Under care of Dr._____

Known Hearing Problems:
☐Hearing Aid ☐Preferential Seating
Under care of Dr._____

SIGNIFICANT HEALTH HISTORY

	YEAR		YEAR
Asthma		Hepatitis	
Birth Defect		Mono	
Bone, Joint or Muscle Problems		Mumps	
Chickenpox		Rheumatic Fever	
Diabetes		Scarlet Fever	
Excessive Colds		Seizure Disorder	
Frequent Ear Infections		Speech Problem	
Heart Disease		Whooping Cough	

ALLERGIES	YEAR	COMMENTS
Aspirin		
Bee Sting Requiring Treatment		
Food, Pollens		
Other Medication		

Other significant illness, accidents, operations, limitations, and medications.

MEDICAL EXAMINATIONS

Give Dates, name of physician and pertinent findings.

Mo/Yr	COMMENTS
Posture	
Nutrition	
Skin	
Feet	
Heart & Lungs	
Genitals	
Nose, Throat & Glands	
Name of Physician	

	BLOOD PRESSURE SCREEN									
Grade										
Mo./Yr.										
Blood Pressure	/	/	/	/	/	/	/	/	/	/
Re - ✔										
Re - ✔										
Referral										
Referral Completed										

	DENTAL SCREENING								
Grade									
Mo./Yr.	/	/	/	/	/	/	/	/	/
Passed (P) Dental (D) Cad									
Immediate Care Needed									
Visible Decay									
Gum Diseases									
Othodontic Problem									
Referred/Complete	/	/	/	/	/	/	/	/	/
Needs Better Brushing & Flossing									
Participated Floride Rinse									

VISION

CODE: ✔ =20/20

Numerical Figure Represents Vision at 20'

Date	Without Glasses R	Without Glasses L	With Glasses R	With Glasses L	Color Vision P(Pass)	Color Vision F(Fail)	REMARKS (CODE: + Pass, - Fail)	Referred	Referral Completed

HEARING

CODE: A
- = Normal
1 = Mild Loss
2 = Moderate Loss
3 = Severe Loss
Re = Retest

CODE: B
✔ = Normal
F.T. = Failed Test
M.U. = Mobile Unit
Th = Threshold
P = Purstone
IP = Impedance Audiometry

Grade		
Date		
School		
1st Test		
2nd Test		
3rd Test		

CONFIDENTIAL