

Sparta Township Schools Medical Information Form

Name _____ Age ____ Grade ____ Teacher _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

HEALTH HISTORY (State date and describe in comments)

Allergies: insects, foods, environmental _____

Asthma		Hepatitis		Pneumonia	
Chicken Pox		Lyme Disease		Seizures	
Diabetes		Mononucleosis		Skin Problems	
Drug Sensitivities		Neuromuscular		Strep	
Heart Disease		Nosebleeds		Other	
Headaches		Otitis Media		Other	

Comments _____

Did this child have any operations or injuries? _____

Is this child receiving any medication or therapy? If so, please indicate type, dose, reason and duration. _____

Are there any educational or physical restrictions on this child's program or activities? _____

PHYSICAL EXAM

Please describe any physical problems found. _____

Results of scoliosis exam. _____

IMMUNIZATIONS: Please enter **MONTH, DAY, YEAR** (if not in school file)

	1 st	2 nd	3 rd	4 th	5 th	6 th
DPT, DT*, Td.DTaP Indicate kind						
Polio (OPV, IPV) indicate kind						
MMR			(MUST BE AFTER AGE 1)			
Haemophilus b (HIB)						
Hepatitis B (HBN)						
Varicella						

Other _____

***DT requires a valid medical exemption**

Tuberculin Test (Must be Mantoux) - Required only for students entering from out of state.

Date _____ Result _____

Physician _____ Telephone No. _____ Date _____