

MASSACHUSETTS SCHOOL HEALTH RECORD
PRIVATE PHYSICIAN'S EXAMINATION - Subsequent Evaluations Only

To Physician/Practitioner:

Please note that your initial school examination of the child should be recorded on the prescribed itemized form (PH-M-18). This abbreviated form is to be used only for follow up or subsequent examinations.

Student's Name: _____

Address: _____

Date of Birth: _____ School: _____

Date of Physical Exam: _____ Height: _____ Weight: _____

Significant Findings: Blood Pressure: _____
Hct. Or Hgb.: _____
Other Lab: _____
TB Test: _____
Scoliosis: _____

Significant illness or injuries since last report:

General estimate of health:

Immunizations/Boosters: (give exact dates)

DTP: _____	Hepatitis B: _____	Other: _____
Td: _____	MMR: _____	Varicella: _____
TOPV/IPV: _____	Hib: _____	

Medication or treatment orders to be carried out at school:

Restrictions on sports participation, recommended modifications to school program or OK for sports:

Other comments:

Signature, Examining Physician/Nurse Practitioner

Date

Name and Address:
(please print)

Phone #: