## Genitals Blood Pressure Eyes and Ears MEASLES **Blood Count** Urinalysis Skin Posture General Appearance PNEUMONIA CHICKEN POX Name of Examining Physician Abdomen Heart and Lungs Tonsils and Glands Nose and Throat Nutrition POLICMYELITIS MUMPS HEPATITIS GERMAN MEASLES DIPHTHERIA ALLERGIES Blood Type Name of Parent or Guardian SEE HANDBOOK FOR INSTRUCTIONS Date Medicine Taken Regularly Description of Abnormalties or Handicaps, Specific Recommendations and Comments by Physician Date Lost WHOOPING COUGH OPERATIONS AND INJURIES SCARLET FEVER RHEUMATIC FEVER Date: Diseases Dafects or Conditions that would have an effect on school performance First Date (A) PUPIL PHYSICAL AND HEALTH RECORD Date: TETANUS DIOHOLL SMALL POX POLIOMYELITIS WHOOPING COUGH DIPHTHERIA Middle Immunization DISEASE AND IMMUNIZATION HISTORY PHYSICAL EXAMINATION .Family Doctor Address Original Date: Booster E Booster Booster Date: Address LARGE X-RAY SMALL X-RAY TUBERCULIN TESTS OTHER PATCH MANTOUX Pupil Cumulative Record Folder Copyright 1962 lowa State Depart of Public Instruction — D.P.I. 3310 Date: Date Phone Pos.

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