PERMANENT HEALTH RECORD _____ County Schools

Pupil Name: First-Middle	Date of Birth Mo. Day	Sex	Race	Emergency Telephone Name-Relationship
Address	School			
Pupil resides with: Name-Relationship	Telephones: Home-Business			Physician Telephone
Father/Guardian Name: Last-First-Middle Initial	Occupation			Dentist Telephone
Mother/Guardian Name: Last-First-Middle Initial	Occupation			Hospital Telephone

VISION SCREENING

W - With Glasses
WO - Without Glasses
_____Color Blind

Date	R.	L.	Both	Remarks-Type of Test-Examiner's Name

HEARING SCREENING

✓ Satisfactory x Unsatisfactory

Date	R.	L.	Remarks-Type of Test-Examiner's Name

OTHER SCREENING

Date	Type	Results	Remarks-Examiner's Name

EMERGENCY TREATMENT PLAN

IMMUNIZATIONS

Enter date of each dose by month, day, and year

VACCINE	DATES					
DTP/Td						
TOPV/IPV						
Rubeola (Measles)						
Rubella (Three-day measles)						
Mumps						

DTP - Diphtheria, tetanus, pertussis
Td - Tetanus-diphtheria
TOPV - Trivalent oral polio
IPV - Inactivated polio

Recorded by:

TUBERCULIN TESTS

N: Negative P: Positive

Date	Type	Result	Date	Type	Result	Date	Type	Result

DENTAL SCREENING

✓ Satisfactory xx Moderate Defect
x Slight Defect xxx Marked Defect

Date	Dental Inspection	Brush-In Program	Rinsing Program	Remarks-Examiner's Name