



STATE OF FLORIDA
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
STUDENT HEALTH EXAMINATIONS

Date 11/1/99

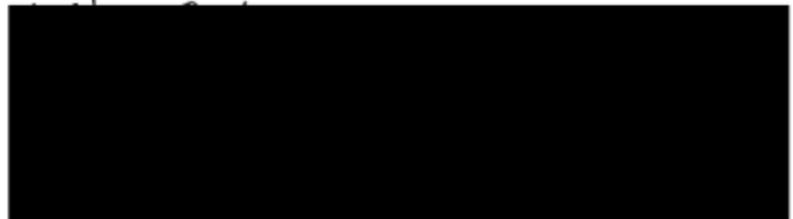
Student's Full Name [REDACTED] Phone [REDACTED] Age 12 Race [REDACTED] Sex F
Address [REDACTED] Birthdate [REDACTED]
Name of Parent or Guardian [REDACTED] School [REDACTED]

A. HEALTH EXAMINATION

Height 4'10" Weight 103 Blood Pressure [REDACTED]

(✓) Normal=N; Abnormal=A	N	A
1. Appearance		
2. Skin/Nose		
3. Head/Scalp		
4. Eyes		
5. Visual Acuity (R & L)		
6. Ears		
7. Auditory Acuity (R & L)		
8. Nose / Throat		
9. Mouth, Teeth and Gums		
10. Chest / Lungs		
11. Heart		
12. Abdomen		
13. Genitals and Anus		
14. Musculo-Skeletal		
15. Neurological		
16. Alertness		
17. Emotional / Mental/ Behavior Prob.)		
18. Handicap, physical/ other (Specify)		
19. Activity Restrictions (Specify)		
20. Abuse, substance/ physical / emotional		
21. Nutrition		
22. Other		

COMMENT: Abnormal Findings, by number



B. HEALTH HISTORY (Serious illnesses Injuries: explain) [REDACTED]

(attach narrative if additional space needed)

C. LABORATORY (as indicated)

Hemoglobin/Hematocrit [REDACTED] Stool (O & P) [REDACTED] Tuberculin test: type [REDACTED]
Lead [REDACTED] Sickle Cell [REDACTED] date [REDACTED]
result [REDACTED]

NAME: FAMILY URGENT CARE CENTER
TITLE: 1216 Royal Palm Beach Blvd.
ADDRESS: Royal Palm Beach, FL 33411

(Please Print)

R. Ashwood 11-1-99
Authorized Signature Date

HRS-H Form 3040, Mar 91 (Obsoletes previous editions)
(Stock Number: 5744-000-3040-2)

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