



STUDENT HEALTH EXAMINATIONS

Date 7/6/98

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

A. HEALTH EXAMINATION

Height 4'11" Weight 78.5/lbs Blood Pressure \_\_\_\_\_

(✓) 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

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B. HEALTH HISTORY (Serious illnesses Injuries: explain) None

(attach narrative if additional space needed)

C. LABORATORY (as indicated)

Hemoglobin/Hematocrit \_\_\_\_\_ Stool (O & P) \_\_\_\_\_ Tuberculin test: \_\_\_\_\_  
Lead \_\_\_\_\_ Sickle Cell \_\_\_\_\_  
type \_\_\_\_\_  
date \_\_\_\_\_  
resu \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Please Print)

Authorized Signature

7/6/98

Date

DH 3040, 10/95 (Replaces HRS-H Form 3040 which may be used)  
(Stock Number: 5744-000-3040-2)

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