Educational Service Unit 8

Name														Sc	hoc	ol															
Date of Birth								_Se	x N	M□ 1	F□																				
Address/Phone	Month		D:	ay ——		Yea	r ———							Fa	ımil	y D	octo	or													
Parent or Guard														Fa	ımil	y D	enti	st_													
Date of Examin	ation																														
Grade																															
Age																															
Height																															
Weight																															
BMI																															
Blood Pressure	!																														
Teeth																															
Vision Correcti	on																														
Distant Vision																															
Distant Vision	` ,																														
Near Vision (R)																															
Near Vision (L)																															
Hearing		R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	R
500																															
1000																															
2000																															
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8000																															
	<u>Vis</u>	sion	Eva	alua	atio	n															He	alth	Hi	sto	ry						
Date											Asthma Diabetes											_									
OD/MD/PA/ARNP									AllergiesChickenpox																						
		<u>P</u>	hys	ical	:										Seiz	ure	s					_ Su	ırge	ry_							_
Kindergarten	Date													(Oth	er															
	MD/PA/	ARN	NP_																												_
Grade 7	Date																														_
	MD/PA/	ARN	NP_																												_
Out-of-State Tr	ansfer Dat	e																													_
	MD/PA/	ARN	NP_																												_
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<u>Immunizations</u>

DTP/DT/DTap/ Td/Tdap	OPV/IPV (Polio)	MMR	Hepatitis B	Hib	Varicella	Prevnar	Menactra	Нер А	Other

NOTES