

MASSACHUSETTS SCHOOL HEALTH RECORD
PRIVATE PHYSICIAN'S EXAMINATION- Subsequent Evaluations Only

To Physician/Practitioner:

Please note that your initial school examination of the child should be recorded on the prescribed itemized form (PH-M-18). This abbreviated form is to be used **only** for follow up or subsequent examinations.

Student's Name: _____

Address: _____

Date of Birth: _____ School: _____

Date of last complete physical exam: _____ Hgt. _____ Wgt. _____

Significant Findings: _____ Blood Pressure: _____ / _____

Hct. or Hgb.: _____

Other Lab: _____

TB Test: _____

Significant illness or injuries since last report:

General estimate of health:

Immunization/Booster (give exact date):

DTP: _____ Other: _____

Td: _____

TOPV: _____

Medication or treatment orders to be carried out at school:

Restrictions on sports participation or recommended modifications to school program:

Other Comments:

Signature, Examining Physician/Nurse Practitioner (Date)

Name & Address (Please print) : _____ Telephone: _____