

**PRE-ENTRY MEDICAL EXAMINATION
ST. MARTIN LUTHERAN SCHOOL**

PART 1

Student Name _____ Sex M F Birth Date _____
 Address _____ Parent _____
 Phone _____ Physician _____
 Dentist Name & Phone _____

Circle the following items you know your child has definitely had & approx. date:

Seizures Convulsions Serious Illness Head Injuries Serious Injuries
 Chicken Pox Rheumatic Fever Strep Infection

Explain: _____

IMMUNIZATIONS & DATES

	1 ST	2 ND	3 RD	4 TH	5 TH
DPT					
POLIO					
MMR					
HEPATITIS B					
HIB					
VARICELLA (chicken pox)					

If your child has had chicken pox disease, provide the date & year they had it. _____

Allergies (circle) Penicillin Sulfa Hay Fever _____
 =====

PART II Physician circle where applicable

Height _____ Weight _____

Medical conditions to be aware of _____

Suspected Disability: None Cognitive Disability Orthopedic Vision Hearing
 Learning Behavior

General Appearance	Healthy	Needs Further evaluation
Skin	Clear	Lesions
Ears	Normal	Abnormal Hearing Loss Rt _____ Lt _____
Eyes	Normal	Abnormal Rt _____ Lt _____
Tonsils	Normal	Abnormal Absent
Neck	Normal	Abnormal
Heart	Normal	Abnormal Physiological Murmur
Lungs	Clear	Abnormal
Abdomen	Normal	Abnormal Hernia
Extremities	Normal	Abnormal Deformities Limit Activities
Neurological	Normal	Abnormal
Spine	Straight	Scoliosis

Recommendations: _____

Restrictions: _____

Physician's Signature _____ Date _____