# The Oakwood School - Health Record

## Health Care Provider's Examination

**Name** _____ ☐ Male ☐ Female Date of Birth: _____

**Medical History** _____

_____

**Pertinent Family History**

_____

**Current Health Issues**

| Y | N | |
|---|---|---|
| ☐ | ☐ | Allergies: Please list: Medications _____ Food _____ Other _____ |
| | | History of Anaphylaxis to _____ Epi-Pen®: ☐ Yes ☐ No |
| ☐ | ☐ | Asthma: Asthma Action Plan ☐ Yes ☐ No (*Please attach*) |
| ☐ | ☐ | Diabetes: ☐ Type I ☐ Type II |
| ☐ | ☐ | Seizure disorder: _____ |
| ☐ | ☐ | Other (*Please specify*) _____ |

**Current Medications (if relevant to the student's health and safety)** *Please circle those administered in school; a separate medication order form is needed for each medication administered in school.*

**Physical Examination** **Date of Examination:** _____

Hgt: _____(____%) Wgt: _____(____%) BMI: _____(____%) BP: _____

*(Check = Normal / If abnormal, please describe.)*

| | | |
|---|---|---|
| ☐ General _____ | ☐ Lungs _____ | ☐ Extremities _____ |
| ☐ Skin _____ | ☐ Heart _____ | ☐ Neurologic _____ |
| ☐ HEENT _____ | ☐ Abdomen _____ | ☐ Other _____ |
| ☐ Dental/Oral _____ | ☐ Genitalia _____ | |

**Screening:**

| | (Pass) | (Fail) |
|---|---|---|
| Vision: Right Eye | ☐ | ☐ |
| Left Eye | ☐ | ☐ |
| Stereopsis | ☐ | ☐ |
| Hearing: Right Ear | ☐ | ☐ |
| Left Ear | ☐ | ☐ |
| Postural Screening: (Scoliosis/Kyphosis/Lordosis) | ☐ | ☐ |

**Laboratory Results:** ☐ Lead _____ Date _____ ☐ Other _____

**The entire examination was normal:** ☐

**Targeted TB Skin Testing:** ☐ Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):
Date of PPD: ____; Results: ____mm.
Referred for evaluation to: _____ ☐ Low risk (no PPD done)

This student has the following problems that may impact his/her educational experience:

☐ Vision ☐ Hearing ☐ Speech/Language ☐ Fine/Gross Motor Deficit
☐ Emotional/Social ☐ Behavior ☐ Other

Comments/Recommendations: _____

☐ Y ☐ N **This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions:**

_____ _____

Signature of Examiner *Circle:* MD, DO, NP, PA Date *Please print name of Examiner.*

_____

Group Practice Telephone

_____

Address City State Zip Code

Return form to The Oakwood School, 4000 MacGregor Downs Rd., Greenville, NC 27834

***Please attach any additional information as needed for the health and safety of the student.***