



CUMULATIVE SCHOOL HEALTH RECORD
(This form is not intended for physician's use)

Special Health Problems - See Narrative _____

Name _____ Race _____ Sex _____ School _____

Address _____ Father's Name _____

_____ Mother's Name _____

Date of Birth ____/____/____ Place of Birth _____ Birth Recorded: Yes No

Immunization Certification: Yes No

Special Immunization Programs _____

A NARRATIVE NOTE IS REQUIRED FOR REFERRAL AND OUTCOME ENTRIES

Screening and Assessment Grades K-3	K			1			2			3		
	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome
Vision												
Hearing												
Height, Weight & Graphing												
Nutrition												
Dental Health												
Mental Health												
Communicable Disease												
Records Review												
Physical Assessment												
Other												
Other												

Screening and Assessment Grades 4-8	4			5			6			7			8		
	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome
Vision															
Hearing															
Height, Weight & Graphing															
Nutrition															
Dental Health															
Mental Health															
Communicable Disease															
Records Review															
Physical Assessment															
Scoliosis															
Other															
Other															

