

DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT
STUDENT MEDICAL REPORT

Last Name	First Name	School	Grade
Birth Date	Birth Place	Sex	Phone
Parent or Guardian Signature	Address	Zip Code	

ILLNESS		TB Screening Date	Type	Result
Allergy	Measles (red)	Dates of Immunization – Month and Year		
Chickenpox	Mumps			
Diabetes	Rheumatic Fever	Diphtheria		
Epilepsy	Tuberculosis	Pertussis		
Rubella (3 day measles)	Whooping Cough	Tetanus		
Other Illnesses and Surgery		Polio		
		Measles		
		Mumps		
		Rubella		

✓ = Normal or Negative

PHYSICAL EXAMINATION

Appearance	Ears	Hernia
Posture	Nose	Back
Nutrition	Throat	Extremities
Development	Lymph Nodes	Blood Pressure
Neurological	Thyroid	Urine Analysis
Speech Defect	Heart	Hemoglobin
Skin	Lungs	Height
Hair & Scalp	Abdomen	Weight
Eyes & Vision	Genitalia	Other

Chronic Disease	Medications
Remedial Defects	
Physical Education Program: Full	Limited None
Reason for Limitation	
Physician's Comments and Recommendations:	
Important Medical Information (to be entered on green Health Identification Card)	
Date of Exam	Physician

Please return to School Nurse or Health Services Department, Des Moines Public Schools 1801 16th Street, Des Moines, IA 50311