

**Maine Department of Education
Permanent Individual Student Health Record**

Student Name:

Birth date:

Name of Parent/Guardian	Relationship	Address	Telephone

Health Care Provider	Address	Specialty	Telephone

Health History

Life Threatening Conditions	Date	Comments	Immunizations	
Allergy (in red)			Compliance/Exemption Date:	
Stings			DT/DPT/DtaP	Td
Medication			1.	1.
Food			2.	2.
Other			3.	3.
Asthma			4.	Booster
Diabetes			5.	
Heart Disease			Tetanus Toxoid	
Seizure Disorder			OPV	IPV
Other			1.	1.
Communicable Diseases			2.	2.
Chickenpox			3.	3.
Fifth's Disease			4.	4.
Scarlet Fever-Strep			MMR#1	
Whooping Cough/Pertussis			MMR#2	
Other:			HIB 1	HIB 3
			HIB 2	HIB 4
Accidents			HBV 1	
			HBV 2	
Hospitalizations			HBV 3	
			Varicella	
Surgeries			Varicella	
			Lead test:	
Other			TB Test:	
			Other:	

Health Appraisal

SCHOOL YEAR																						
GRADE																						
VISION - Date																						
Screened by																						
With/Without Glasses																						
Far(F) Near(N)	F	N	F	N	F	N	F	N	F	N	F	N	F	N	F	N	F	N	F	N	F	N
Right Eye																						
Left Eye																						
Both Eyes																						
Color Test																						
Muscle Balance																						
HEARING-Date																						
Screened by:																						
Impedance (I)	I	P	I	P	I	P	I	P	I	P	I	P	I	P	I	P	I	P	I	P	I	P
Puretone (P)																						
Right Ear																						
Left Ear																						
SPINAL- Date																						
Screened by:																						
Obvious Spinal Curvature																						
Shoulder Elevated																						
Shoulder Blades Uneven																						
Hips Uneven																						
Thoracic Hump																						
Lumbar Hump																						
Increased Round Back																						
DENTAL - Date																						
Screening																						
Swish (S)																						
Tablets (T)																						
HEIGHT																						
WEIGHT																						
BMI																						

Physical Examination

SCHOOL YEAR																						
GRADE																						
P/E - Date:																						
By Whom:																						
On File:																						
Blood Pressure																						
Pulse																						
Neg. Findings																						
Other:																						

0 = No Problem X = Needs Attention © = Corrected

