Ecole Chrétienne des Fréres Unis

Christian School of United Brothers

STUDENT HEALTH RECORD

Nom De Famille: ______________ **Prenom**: ______________ **Date De Naissance: (J/M/A)** ______________

Sexe: H/ H/F Paran (pou timoun) oswa yon kontak ijans ______________
Parent or emergency contact

Adres ______________ **Telefòn** ______________

HX *(Circle)* DM Seizures Asthma Anemia Other: **Vaccinations:** TDap Hep A/B Polio MMR Pentavac BHG

COMPREHENSIVE PHYSICAL EXAM *Check box if abnormalities present or circle WNL, note if followup is needed.*

Date ______________
B/P ______________
Height: ______________
Weight: ______________
Muac R / Y / G

HEENT □ Neurological □ Skin □ Lungs □ Abdomen □ Genital □ Heart □ Extremities □
Emotional/Social □ Language/Communication □ Fine/Gross Motor Skills □
Vision □ Hearing □ Dental □ ALL Systems: WNL
Notes: ______________

Follow-up: Date ______________ Results/Notes ______________

Date ______________
B/P ______________
Height: ______________
Weight: ______________
Muac R / Y / G

HEENT □ Neurological □ Skin □ Lungs □ Abdomen □ Genital □ Heart □ Extremities □
Emotional/Social □ Language/Communication □ Fine/Gross Motor Skills □
Vision □ Hearing □ Dental □ ALL Systems: WNL
Notes: ______________

Follow-up: Date ______________ Results/Notes ______________

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Follow-up: Date ______________ Results/Notes ______________