

Pupil's Health Record
 Burris Laboratory School
 Muncie, IN

Student's Name _____ Parent Guardian _____

Address _____ Zip _____

Phone work _____ Home _____ cell _____

School _____ Grade _____ Date of Birth _____ Age _____

History of: Chicken pox _____ Asthma _____ Diabetes _____

Seizures _____ Chronic Ear Infections _____ Allergies _____

Other _____

Immunizations	1	2	3	4	5
DPT					
Tdap					
Polio					
Hepatitis B					
Varicella					
Hepatitis A					
MMR					
Measles					
Mumps					
Rubella					
HIB					
MCV4					

Tests: Tuberculosis - Type _____ Sickle Cell Anemia _____ Urinalysis _____

Sugar _____ Alb _____ MCT Vision _____

This section for Physician Code: O-Normal XX-needs medical attention OO-Corrected

Height _____ Weight _____ Nutrition _____ Ears _____

Skin and Scalp _____ Teeth _____

Nose _____ Tonsils _____

Glands of neck _____ Thyroid _____

Abdomen _____ Heart _____

Lungs _____ Blood Pressure _____

Musculo-Skeletal system _____ Routine Medications _____

Vision: Assisted - Unassisted R _____ L _____ Hearing: R _____ L _____

This student (should - should not) participate in athletics _____

Physician Signature _____ Printed Name _____

Address _____ Phone _____

Date _____ Remarks _____