

7th

OMAHA PUBLIC SCHOOLS
HEALTH EXAMINATION CARD

Side 1 of 2

Last Name _____ First Name _____ Birthday _____ Gender: M ___ F ___
Address _____ Phone _____ School _____ Grade _____
Parent or Guardian's Name _____
Name of Health Care Provider _____

IMMUNIZATIONS (obtain a copy of the immunization record if possible)

Immunization	Month/Day/Year	Immunization	Month/Day/Year	Immunization	Month/Day/Year
DTaP 1	___/___/___	Polio 1	___/___/___	HEP B	1 ___/___/___
2	___/___/___	2	___/___/___	2	___/___/___
3	___/___/___	3	___/___/___	3	___/___/___
4	___/___/___	4	___/___/___	4	___/___/___
5	___/___/___	5	___/___/___		
Td 1	___/___/___	MMR 1	___/___/___	HEP B	1 ___/___/___
2	___/___/___	2	___/___/___	(2-dose series)	2 ___/___/___
3	___/___/___			HEP A	1 ___/___/___
Tdap 1	___/___/___	HIB 1	___/___/___	2	___/___/___
2	___/___/___	2	___/___/___	TB skin test	Result
		3	___/___/___	___/___/___	_____
		4	___/___/___	___/___/___	_____
VZV 1	___/___/___	Prevnar 1	___/___/___	Influenza	___/___/___
2	___/___/___	2	___/___/___		___/___/___
Date parent reported disease	_____	3	___/___/___	Other	_____
HPV 1	___/___/___	4	___/___/___		_____
2	___/___/___	Meningococcal	___/___/___		_____
3	___/___/___				_____

HEALTH HISTORY

_____ Fainting _____ Head Injury _____ Asthma
_____ Seizure _____ Surgery _____ Allergies
_____ Other, describe _____
_____ Family history of sudden death prior to age 50 _____

PHYSICAL EXAMINATION

General Appearance _____ Height _____ Weight _____ BMI _____
Lab: HCT or HGB _____ Lead level drawn _____ Yes ___ No ___ BP _____
Skeletal Development _____ Posture _____ Scoliosis _____
Hair/Skin _____ Lymph _____ Head/Neck _____
Ears _____ Nose/Sinus _____ Throat _____
Mouth _____ Dental _____ Speech _____
Heart _____ Rhythm _____ Rate _____ Chest/Lungs _____

(over)