

Health Department
Sackets Harbor Central School
Sackets Harbor, NY 13685

HEALTH EXAMINATION RECORD

Student _____ Date of Birth _____

Address _____

Height _____ Weight _____

Eyes (V.A. c glasses R ___ L ___ Both ___)

(V.A. s glasses R ___ L ___ Both ___)

Ears _____ Lungs _____

Nutrition _____ Orthopedic _____

Teeth & Gums _____ Skin _____

Tonsils _____ Hernia _____

Nose _____ Nervous System _____

Glands (Cervical _____ Speech _____)

(Others _____)

(Thyroid _____ Heart _____)

General Condition _____

Recommendation to parents and school _____

Date of examination: _____

Signature of Physician: _____

Code: N - No defect found
X - Observation
XX - Defect
XXX - Severe Defect
I - Irremedial

THIS FORM MUST BE RETURNED TO THE SCHOOL NURSE BEFORE THE CHILD CAN BE ADMITTED TO SCHOOL.