## Significant Medical Conditions ( $\sqrt{}$ ) If Yes, Explain

	res	INO :			
Allergies					
AsthmaCardiac		Н -			
Chemical Dependency	-	H -			
Drugs	-	H -		KU-102	
Alcohol					
Diabetes Mellitus					3
Gastrointestinal Disorder					
Hearing Disorder		H -		<u> </u>	
Hypertension Neuromuscular Disorder	H	H		14	
Orthopedic Condition		H =		V V	
Respiratory Illness					
Seizure Disorder	$\sqcup$		Constitution in the second and the second		
Skin Disorder		<u> </u>			*
Vision Disorder Other (Specify)	H	H -			
Carlor (Opoony)					
Are there any special medical pro- which might affect his/her education.  Report of Physical Examinat	tion? If			ire restriction of activity	y, medication or
	( )	Normal	Abnormal	Not Examined	Comments
<ul><li>Height (inches)</li></ul>					
■ Weight (pounds) BMI		19			
■ Pulse ( )					
■ Blood Pressure					
■ Hair/Scalp					
■ Skin					(ph)
■ Eyes/Vision					
■ Ears/Hearing					
■ Nose and Throat					
<ul><li>Teeth and Gingiva</li></ul>			4		
<ul><li>Lymph Glands</li></ul>					
■ Heart – Murmur, etc		RANGE		or great the first of the	
<ul><li>Lung – Adventitious Finding</li></ul>					
■ Abdomen			4	-	
<ul><li>Genitourinary</li></ul>					
<ul> <li>Neuromuscular System</li> </ul>	10	amulad			
<ul><li>Extremities</li></ul>			MI.		
<ul> <li>Spine (Presence of Scoliosis)</li> </ul>					10
Date of Everyination		7	_		
Date of Examination					
Signature of Examiner	•	¥1	PRINT Name of E	xaminer	
orginature of Examilier			TAINT NAME OF L	A CONTROL OF THE CONT	and the Alas alas
			6	and the second second	
Address			Telephone Number	er	

H514.025 (Rev. 3/99)

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

## SCHOOL DENTAL HEALTH RECORD

SCHOOL DISTRICT							COUNTY DATE OF BIRTH											
NAME OF STUDENT LAST			100	FIRST				MIDDLE				GRADE		SEX F 🗆				
HOME ADDRESS				TELEPHO							HONE N	E NO.						
	E ABOVE Dental Chart of																	
permanent t	eeth					6		Т	оотн	CHAR	T			A				
	RIGHT								LEFT									
UPF	PER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	UPPER
LOV	VER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	LOWER
First	Upper																	Upper
Exam	Lower																	Lower
Second	Upper				a a													Upper
THE A  Record on Denta permanent teeth  UPPER LOWER  First Exam  L  Second Exam  L  Third Exam  Fourth Exam  L  Fifth Exam  L  Third Exam  L  Fourth Exam  L  Fifth Exam	Lower																	Lower
Third	Upper																	Upper
Exam Lower  Third Exam Lower  Upper  Upper																	Lower	
Fourth	Upper																	Upper
	Lower																	Lower
Eifth	Upper																	Upper
	Lower																	Lower
							STUD	ENT	REFE	RRA	L							
DATE EXA			KAMINE	ED OR	EVALU	JATED	BY	REFERRED TO REMARKS										
							711-0-2											
							417											9
					33		16									-10		

		UDENT	eck Applicable	Items						
		EXAMINED	· ·	7772	FLUC	ORIDE	Oral	тот	ALS	
Grade Date	OR EVALUATED BY	Prophylasix	SPECIAL PROJECTS (Specify)	Tablet	Mouth Rinse	Evaluation Passed/ Referred	Def DMF	OHI Index	Tooth Brush Instructions	
К										
1										
2		ussair.	1602	F2				-67-		
3								111 11		
4				H-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M						

Nutrition

Counseling

REMARKS:	
----------	--

Other

DATE		
DATE		
DATE		
DATE		
DATE		
DATE	· a	