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Chad Daugherty, Superintendent | John Trout, Assistant Superintendent for Business & Classified Staff | Jay Peters, Director of Curriculum

Student Health and Physical Form

Name: _____ Birthdate: _____
(Last) (First)

Address: _____ Birth Place: _____

Student lives with: _____ Sex: M F

Home/Cell: _____ Work: _____ Ext. _____

HEALTH RECORD (to be completed before physical examination)

Has the child had any of the following?

	Yes	No	Date		Yes	No		Yes	No
Chicken Pox				Allergy			Behavior Problems		
Measles				Asthma			Anxiety/Depression		
Kind:				Deformities			Trouble with:		
Mumps				Braces, etc.			Eye		
Whooping Cough				Diabetes			Ear		
Polio				Hepatitis			Throat		
Rheumatic Fever				Epilepsy (Convulsions)			Heart		
Other:				Hernia (Rupture)			Stomach		
				Skin			Intestine		
				Dental			Kidney		

If "Yes" Describe: _____

Previous surgeries: _____

Special Examinations or Health Conditions: _____

Vitals: Ht: _____ Wt: _____ Blood Pressure Sys: _____ /Dia _____ Pulse Rate: _____

Glasses: Yes ___ No ___ Contacts: Yes ___ No ___

Physical Examination:	Normal	Abnormal	Date	Notes
Eyes				
Ear-Nose-Throat				
Lungs				
Heart				
Abdomen				
Hernia				
Extremities				
Neurological				
Skin				
Other Findings				

RECOMMENDATIONS TO THE SCHOOL:

Student is capable of carrying a full program of school work?	Yes	No
Does the student have any permanent defects?		
Should student be restricted from (any) (all) athletic activities?		
If any, what?		
If temporary, how long?		

Examining MD, DO, NP, PA

Date



Huntington County Community School Corporation



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