

PERSONAL HEALTH CHART

NAME _____	AGE _____	CLASS _____	ADDRESS _____
HISTORY (Give dates and after-effects)			
1. Measles _____	7. Tuberculosis _____		
2. Diphtheria _____	8. Whooping Cough _____		
3. Scarlet Fever _____	9. Typhoid _____		
4. Mumps _____	10. Rheumatism _____		
5. Pneumonia _____	11. Influenza _____		
6. Infantile Paralysis _____			
Operations _____			
MEDICAL EXAMINATION			
Part	Normal (✓) Defect (X)	Nature of Defect	Treatment Suggested
Eyes			
Ears			
Nose			
Throat			
Teeth			
Thyroid			
Heart			
Lungs			
Abdomen			
Posture			
Skin			
Feet			
Hernia			
Nutrition	Ht. Wt.	(Circle) Normal Overweight Underweight	
OBSERVATION EXAMINATION BY TEACHER OR NURSE			
Teeth (Dental blank observed) _____	Ht. _____	Wt. _____	
Vision: Without Glasses R. _____ L. _____	Posture _____		
With Glasses R. _____ L. _____	Feet _____		
Hearing (Audiometer) _____	Bowels _____		
Frequent Colds—Sore Throats _____	Headaches _____		
Skin (Clean—Erupted) _____	Mental Health _____		
Glandular Disturbances _____			