

# SCHOOL PERSONNEL HEALTH EXAMINATION RECORD

## JACKSON – PERRY COUNTIES

The following information is personal data about your general health. The Jackson-Perry ROE will make you a complete copy of this form..

Name \_\_\_\_\_ Address \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

1. General Physical Condition \_\_\_\_\_

2. Vision: Right (Near \_\_\_\_\_) Left (Near \_\_\_\_\_)  
Right (Distance \_\_\_\_\_) Left (Distance \_\_\_\_\_)  
Correctable to \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_

3. Hearing: Right \_\_\_\_\_ Left \_\_\_\_\_ Nose & Throat \_\_\_\_\_  
Teeth \_\_\_\_\_

4. Blood Pressure: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_ Heart \_\_\_\_\_  
Pulse \_\_\_\_\_ Temperature \_\_\_\_\_ Scalp \_\_\_\_\_  
Skin \_\_\_\_\_ Case History \_\_\_\_\_  
Thyroid \_\_\_\_\_ Superficial Glands \_\_\_\_\_  
Varicose Veins \_\_\_\_\_

5. Respiratory System – Required of new employees only – MUST BE CURRENT  
Any known or suspected tuberculosis in home \_\_\_\_\_

Tuberculin Test \_\_\_\_\_ Date Given \_\_\_\_\_  
Positive \_\_\_\_\_ Negative \_\_\_\_\_

If positive, was x-ray taken? \_\_\_\_\_ Result \_\_\_\_\_

6. Urinalysis \_\_\_\_\_ Reaction \_\_\_\_\_ Specific Gravity \_\_\_\_\_ Albumen \_\_\_\_\_  
Sugar \_\_\_\_\_ Pus \_\_\_\_\_ Blood \_\_\_\_\_ Casts \_\_\_\_\_

7. Other defects: \_\_\_\_\_

Please return this health form to the Jackson-Perry Regional Office of Education

Teacher's Name (please print) \_\_\_\_\_

I HEREBY CERTIFY that I have examined the above teacher or school employee and find him/her free of disease of a communicable nature, including TB, and physically fit for employment.

Date of Examination \_\_\_\_\_ Signature of Physician \_\_\_\_\_ M.D.

Date of TB Test \_\_\_\_\_

Address of Physician \_\_\_\_\_

Doctor's Name (please print) \_\_\_\_\_