MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

# CUMULATIVE SCHOOL HEALTH RECORD

| | | | |
|---|---|---|---|
| SCHOOL | | | |
| NAME | | BIRTHDATE | SEX |
| ADDRESS | | | |
| FATHER/GUARDIAN | HOME PHONE | ALTERNATE PHONE | |
| MOTHER/GUARDIAN | HOME PHONE | ALTERNATE PHONE | |
| DOCTOR | PHONE | DENTIST | PHONE |
| ALLERGY OR KNOWN HEALTH CONDITION(S) | | EMERGENCY CONTACT INFORMATION | |
| SPECIAL CARE PROCEDURE | | | |

## IMMUNIZATION STATUS

☐ COMPLETE ☐ RELIGIOUS EXEMPT ☐ MEDICAL EXEMPT

PROVIDE MONTH/DATE/YEAR (00/00/00)

| | DOSE 1 | DOSE 2 | DOSE 3 | DOSE 4 | DOSE 5 | DOSE 6 |
|---|---|---|---|---|---|---|
| DTaP/DTP/DT | | | | | | |
| TD/Tdap | | | | | | |
| POLIO | | | | | | |
| MMR | | | | | | |
| HEP B | | | | | | |
| VARICELLA | | | | | | |
| VARICELLA DISEASE | HEALTH CARE PROVIDER/LAB CONFIRMED: ☐ YES DATE: ☐ NO | | | | | |
| HiB | | | | | | |
| HEP A | | | | | | |
| PNEUMOCCOCCAL | | | | | | |
| ROTOVIRUS | | | | | | |
| MCV4 | | | | | | |
| HPV | | | | | | |
| INFLUENZA | | | | | | |
| OTHER | | | | | | |

## HEALTH SCREENING RESULTS

**CODE O** - NO DEFECT **X** - FAILED SCREENING **R** - REFERRED (USE NURSES NOTES FOR DOCUMENTATION OF REFERRAL FOLLOW-UP)

| SCREENING YEAR/GRADE ▸ | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VISION (RECORD ACUITY WITH GLASSES IF WORN) | | | | | | | | | | | | | | | |
| FAR ACUITY R | | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | |
| NEAR ACUITY R | | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | |
| B | | | | | | | | | | | | | | | |
| BINOCULARITY (Random Dot E) | | | | | | | | | | | | | | | |
| HEARING PURETONE R | | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | |
| TYMPANOMETRY R | | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | |
| DENTAL SCREENING - RECORD DATE | | | | | | | | | | | | | | | |
| PARTICIPATE IN FLUORIDE RINSE (✓) | | | | | | | | | | | | | | | |
| SCOLIOSIS | | | | | | | | | | | | | | | |
| BLOOD PRESSURE | | | | | | | | | | | | | | | |
| WEIGHT / HEIGHT PERCENTILE OR BMI-FOR-AGE | | | | | | | | | | | | | | | |
| PHYSICAL EXAMINATION (INSERT LATEST COPY) | | | | | | | | | | | | | | | |
| DENTAL EXAM - RECORD DATE | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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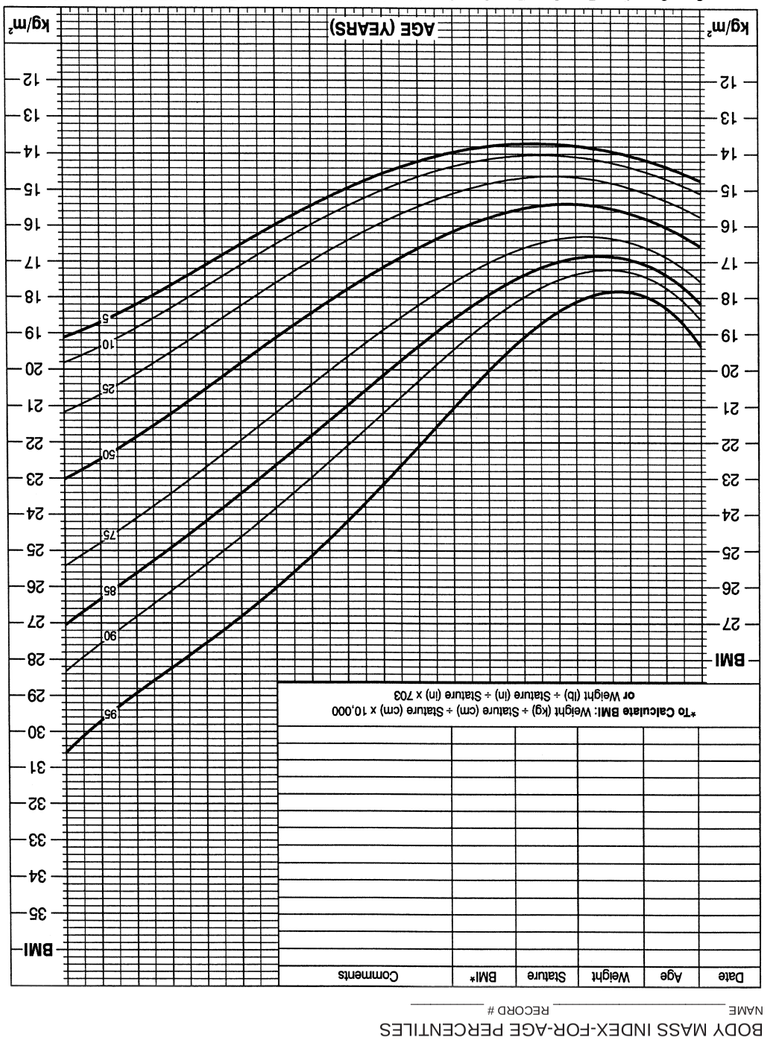
**BOYS:** 2 TO 20 YEARS

BODY MASS INDEX-FOR-AGE PERCENTILES

NAME _____ RECORD # _____

| Date | Age | Weight | Stature | BMI* | Comments |
|---|---|---|---|---|---|
| | | | | | |

***To Calculate BMI:** Weight (kg) ÷ Stature (cm) x 10,000
**or** Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703



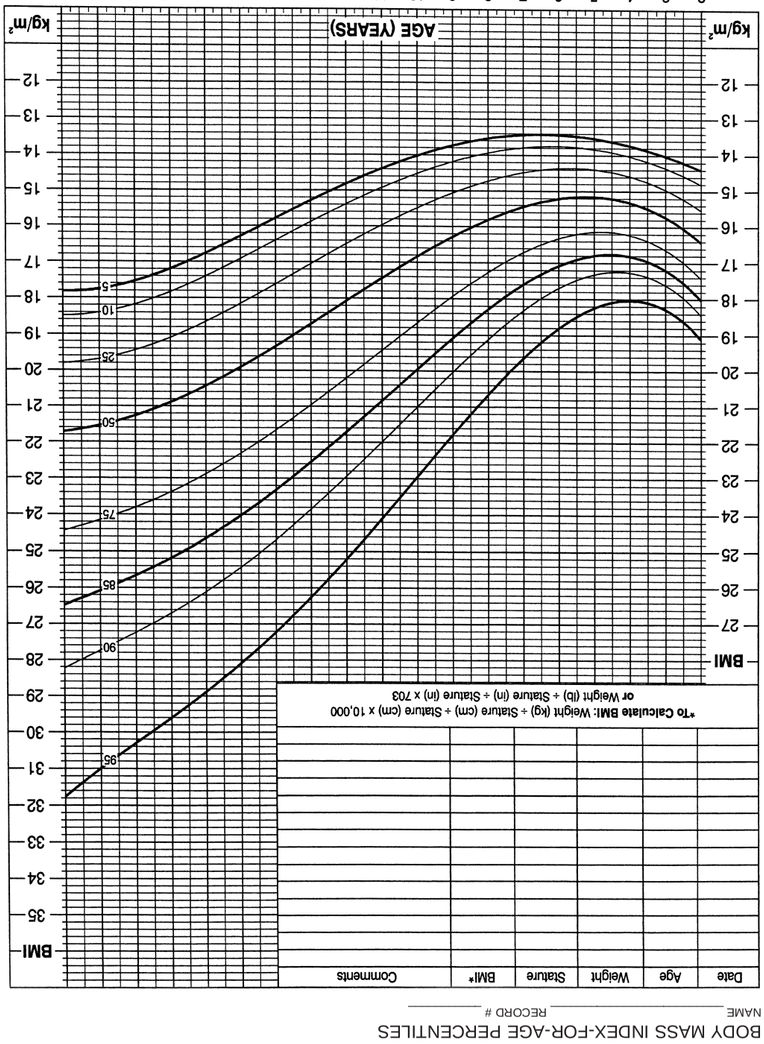

**GIRLS:** 2 TO 20 YEARS

BODY MASS INDEX-FOR-AGE PERCENTILES

NAME _____ RECORD # _____

| Date | Age | Weight | Stature | BMI* | Comments |
|---|---|---|---|---|---|
| | | | | | |

***To Calculate BMI:** Weight (kg) ÷ Stature (cm) x 10,000
**or** Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703




Student should be weighed and measured on entry to system and then periodically, based on need. Steps for using the body mass index-for-age charts to determine weight status in children are:
1) Calculate Body Mass Index (BMI) using the formula on the chart or the web-based Centers for Disease Control and Prevention (CDC) BMI calculator at http://www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm.
2) Plot BMI on the body mass index-for-age chart for girls or boys.
3) Determine weight status: Underweight = < 5th percentile, Normal Weight = ≥ 5th percentile to < 85th percentile, At-risk for Overweight = ≥ 85th to < 95th percentile, Overweight = ≥ 95th percentile.

MO 580-0236 (4-09)

MEDICAL HISTORY (INCLUDE COMMUNICABLE DISEASE, INJURIES, OPERATIONS, FAMILY HISTORY, CHRONIC ILLNESS, DISABILITY)

PERSONAL _____

_____

FAMILY _____

## NURSE NOTES

This section can be used to document significant illness/injury, rescreening results, referral to parent/guardian, recommendations of health care providers, restrictions of activity, conferences, notification of school personnel, individual health plans, etc.

| DATE | SUBJECTIVE/OBJECTIVE DATA | ASSESSMENT/PLAN (SIGN EACH ENTRY) |
|---|---|---|
| | | |



**STAPLE ADDITIONAL SHEETS**

| DATE | SUBJECTIVE/OBJECTIVE DATA | ASSESSMENT/PLAN |
|---|---|---|
| | | |



Name: