

HERMITAGE SCHOOL DISTRICT
411 N. Hermitage Road, Hermitage, PA 16148
SCHOOL EMPLOYEE HEALTH RECORD

Please print all information

Full Name _____

Position Applied For _____

Birthdate Year ____ Month ____ Day ____ Male ___ Female ___

Street Address _____

City, State, Zip _____

Have you ever been treated for or ever had any known indication of:	Yes	No	Details of "Yes" answers (Identify Item)
Disease or disorder of eyes, ears, nose or throat?			
Dizziness, fainting, convulsions, paralysis or stroke?			
Shortness of breath, persistent hoarseness or cough, blood spitting, bronchitis, pleurisy, asthma, emphysema, tuberculosis or other respiratory disease or disorder?			
Chest pain, palpitation, high blood pressure, heart attack, or other disorder of the heart or blood?			
Jaundice, intestinal bleeding, ulcer, hernia, appendicitis, colitis, diverticulitis, hemorrhoids, recurrent indigestion or other disease or disorder of the stomach, intestines, liver or gallbladder?			
Sugar, albumin, blood or pus in urine, disease or other disorder of kidney, bladder, prostate, or reproductive organs?			
Diabetes: thyroid or other endocrine disease or disorder?			
Disease or disorder of skin or lymph glands cyst or tumor?			
Allergies, anemia or other disease or disorder of the blood?			
Are you now under treatment?			

Signature: _____

Date: _____

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MEDICAL EXAMINER'S REPORT ON _____

Height: _____ Weight _____ Blood Pressure _____ Pulse _____

Heart : Is there any...

Enlargement Yes _____ No _____
 Dyspnea Yes _____ No _____
 Murmur(s) Yes _____ No _____
 Edema Yes _____ No _____

T.B. Test or X-Ray

Results: _____

Is there any abnormality of the following:	Yes	No	Details of "Yes" Answers (Identify Item)
Eyes, ears, nose mouth, pharynx?			
Skin (incl. scars), lymph nodes, varicose veins or peripheral arteries?			
Nervous system (include reflexes, gait, paralysis)?			
Respiratory system?			
Abdomen (include scars, masses, palpable organs)?			
Genito-urinary system (include prostate)?			
Musculo-skeletal system (include spine, joints, amputations, deformities)?			
Endocrine system (include thyroid and breasts)?			
Are there any hernias?			
Are there any ano-rectal abnormalities?			
Urinalysis – Is protein or sugar present?			
Are you aware of additional medical history?			

_____ Date of Examination

_____ M.D./D.O.

_____ Address