

South Eastern Special Education
P. O. Box 185
Ste. Marie, IL 62459

HEALTH EXAMINATION RECORD

Name: _____

Address: _____

- General Physical Condition _____
- Weight _____ Height _____
- Vision: Right _____ Left _____
- Hearing: Right _____ Left _____
- Temperature _____ Nose and Throat _____
- Scalp _____ Skin _____
- Heart _____ Lungs _____
- Blood Pressure: Systolic _____ Diastolic _____ Pulse _____
- Urinalysis _____ Reaction _____ Specific Gravity _____
Albumin _____ Sugar _____ Pus _____ Blood _____

Remarks _____

I hereby certify that I have examined the above applicant and find him/her free of disease of a communicable nature and physically fit for employment.

Signed: _____ Date: _____

Address: _____