## **GENERAL HEALTH PROFILING FOR SCHOOL STAFF AND STUDENTS**

i. Nan Fath ii. Age iii. Gene iv. Resi v. Class vi. Cont vii. ID #  Sign art-B Gene ii. Ove Hea iii. Hei iii. We iv. Bloc v. Ten vi. Puls vii. Res	District:asic Medical History to be filledome	ed by Staff Member/	Studer	nt) <u>BIOD</u>	<u> </u>	
i. Nan Fath ii. Age iii. Gene iv. Resi v. Class vi. Cont vii. ID #  Sign i. Ove Hea ii. Hei iii. We iv. Bloc v. Ten vi. Puls vii. Res	ame	ed by Staff Member/	Studer	nt) <u>BIOD</u>	<b>ATA</b>	
ii. Age iii. Gene iv. Resie v. Class vi. Cont vii. ID #  Sign i. Ove Hea ii. Hei iii. We iv. Bloc v. Ten vi. Puls vii. Res Viii. Any						
ii. Age iii. Gene iv. Resic v. Class vi. Cont vii. ID #  Sign art-B Gene i. Ove Hea ii. Hei iii. We iv. Bloc v. Ten vi. Puls vii. Res Viii. Any	her Name					
iii. Gendiv. Residu. Contivi. Contivii. ID#  Signor Gental						
iv. Residue.  v. Class vi. Cont vii. ID#  Sign Part-B Gen ii. Ove Hea iii. Hei iii. We iv. Bloc v. Ten vi. Puls vii. Res Viii. Any	e (Date of Birth)	Years	(D:	/M:	/Y:	
v. Class vi. Cont vii. ID #  Sign Part-B Gen i. Ove Hea ii. Hei iii. We iv. Bloc v. Ten vi. Puls vii. Res Viii. Any	nder					
vi. Cont vii. ID#  Sign Part-B Gen i. Ove Hea ii. Hei iii. We iv. Bloc v. Ten vi. Puls vii. Res Viii. Any	sidential Address					
Sign Part-B Gen i. Ove Hea ii. Hei iii. We iv. Bloc v. Ten vi. Puls vii. Res Viii. Any	SS					
Signor Si	ntact No. of Parent/Guardian					
i. Over Hear ii. Heightii. We iv. Block v. Ten vi. Puls vii. Res	#					
ii. Hei iii. We iv. Bloc v. Ten vi. Puls vii. Res Viii. Any	gnature of Staff Member/Stud eneral Physical Examination (T					
ii. Hei iii. We iv. Bloc v. Ten vi. Puls vii. Res Viii. Any	verall General Physical	<u>,                                      </u>				
ii. Hei iii. We iv. Bloc v. Ten vi. Puls vii. Res Viii. Any	ealth on appearance					
iv. Bloc v. Ten vi. Puls vii. Res Viii. Any	eight					
v. Ten vi. Puls vii. Res Viii. Any	eight					
vi. Puls vii. Res Viii. Any	ood Pressure					
vii. Res	emperature					
Viii. Any	ulse Rate					
	espiratory Rate					
	ny Obvious Structural					
Abr	onormality on Inspection					
ix. Any	ny Superficial Cuts, Needle					
Ma	arks, or Burn Marks on skin					
	,					
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Signature and Stamp of Doctor/Medical Professional (RMP): \_\_\_\_\_