



MAHARISHI SCHOOL OF THE AGE OF ENLIGHTENMENT

PUPIL PHYSICAL AND HEALTH RECORD

Pupil Number	Name Last First Middle	Address	Male	Birthdate
Name of Parent or Guardian		Address	Female	Month/Day/Year
Blood Type	Medicine Taken Regularly	Family Doctor	Address	
		Defects or Conditions that Would Affect School Performance		
Phone Number				

Disease and Immunization History

Diseases	Date	Diseases	Date	Immunizations	Date				Tests	Date	Pos.	Neg.
					Original	Booster	Booster	Booster				
Allergies		Rheumatic Fever		Diphtheria					Tuberculin Tests			
Chicken Pox		Scarlet Fever		Poliomyelitis					Mantoux			
Diphtheria		Small Pox		Small Pox					Patch			
German Measles		Whooping Cough		Tetanus					Tine			
Hepatitis				Typhoid								
Measles		Operations & Injuries		Whooping Cough					Small X-Ray			
Mumps				G. Measles (Rubella)					Large X-Ray			
Pneumonia				Measles (Rubeola)								
Poliomyelitis				Mumps								
				MMR								

Physical Examination Record

	Date:	Date:	Date:	Date:	Date:
General Appearance					
Posture					
Nutrition					
Skin					
Feet					
Nose and Throat					
Eyes and Ears					
Tonsils and Glands					
Heart and Lungs					
Abdomen					
Genitals					
Urinalysis					
Blood Count					
Blood Pressure					
Exam Physician Name and Signature					
Date	Description of Abnormalities or Handicaps, and Specific Recommendations and Comments by Physician				

