SCHOOL NURSING MANUAL

Ca 1965

IOWA STATE DEPARTMENT OF
PUBLIC INSTRUCTION
DIVISION OF SPECIAL EDUCATION
DES MOINES, IOWA 50319

IOWA STATE DEPARTMENT OF
HEALTH
DIVISION OF NURSING
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Division of Nursing

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SUPPLEMENTARY MATERIAL

SCHOOL NURSING MANUAL

This manual is designed to serve as a guide for establishing or maintaining a sound school nursing service. The basic principles of school nursing apply to all nurses in school health services, but the methods used to implement these principles will vary according to the local community's needs and resources.

An adequate school health program may be divided into three general areas: (1) health services, (2) environmental health, and (3) health education. The nurse's role in each of these three general areas is determined by many factors including the availability of other health related personnel, the population of the school(s) served, and the suggestions and recommendations of such groups as the medical and dental societies.

The school nurse is administratively responsible to the school administrator or the person he designates as the supervisor of the nursing program. If there is a school physician, he will direct the medical aspects of the program.

If there is no school physician designated, the city or county health officer is responsible for the control of communicable diseases, sanitation, and other matters relating to school health. In Iowa the local board of health in an incorporated town or city consists of the mayor, health physician, and members of the city or town council. The county board of health is composed of the chairman of the board of supervisors, the county auditor and the county superintendent of schools. This board appoints a physician to serve with them as county health officer.

If a physician is not employed by the school, it is recommended that school nurses have a medical advisory group appointed by the board of education and the county medical society. Standing medical orders should be developed by this advisory group so that there will be a guide to follow if the school child's personal physician cannot be reached in case of emergency. (See suggested standing orders, Appendix #1.)

A sample of Suggested School Health Policies is available from the Division of Health Education, Iowa State Department of Health, Des Moines, Iowa.

It is recommended that a dental advisor or advisory group be created to act as a consultant on matters of dental health.

Regarding health matters, the school nurse serves as a liaison between the school and the home. She needs to have knowledge of the individual pupil, his personality, his particular problems, the home from which he comes, and a knowledge of the school situation of which he is a part. She also needs to have a working knowledge of community resources in order to be effective in promoting health programs and securing assistance for individual health problems of children.

NURSING FUNCTIONS IN THE SCHOOL HEALTH PROGRAM

Teacher-Nurse Conference

In a school which has a planned orientation program for teachers, the nurse has an opportunity to present the health program effectively. If the school has no such plan, the nurse may ask for special conferences between the new teachers and the health staff.

Periodic teacher-nurse conferences should be scheduled. The observant teacher carefully watches the total growth and development of the child as well as his academic progress. The close day-by-day contact of the teacher with children places her in a key position to recognize symptoms which indicate need for referral. The nurse encourages the teacher to record her observations on the school health record.

The teacher-nurse conference is a two-way exchange of knowledge. The teacher brings to the attention of the nurse the children who need medical or dental examinations or school situations which may affect the health of personnel. The conference may also include a discussion of health education materials. The nurse assists the teacher in recognizing health problems, and supplies her with information which will help her to understand and accept physical and emotional handicaps of children. Personnel representing various disciplines such as psychologists, counselors, speech therapists, hearing and vision consultants, nurses and teachers may be working in the school health program. It is imperative that these persons exchange health information so that their efforts will be most beneficial. Effective methods of exchanging information are through regular scheduled meetings of the individuals concerned, through use of referral forms, and by regular recordings on the pupil health records.

I. Health Services

A. Screening procedures are performed by teachers, nurses, technicians, or volunteers to single out those children who need further attention. Determination of the types of tests to be used and of who is to perform them is to be decided by the health and education departments of the school. The school nurse assists in the planning and aids in the administration of some of the procedures.

1. Vision testing - In general, it is felt that the nurse's role is to work with special education personnel, if such workers are employed in the area, in planning a vision screening program. (See Vision Conservation Guide - Appendix #3.) The nurse instructs and supervises the classroom teacher or volunteers in the screening program. She arranges for further screening for those pupils who had difficulty on the first screening. The nurse notifies the parents of the importance of a medical examination for those children who have a screening rating of 20/40 - 20/70 in one or both eyes, or those who have possible signs of eye strain. (For suggested form to send to parents - see Appendix 2A.)

For Snellen screening procedure - (See Appendix #2.)

For method of collecting data for state report - (See Appendix #2B.)

2. Hearing testing - (See Appendix #4.)

3. Weighing and measuring - The use of weighing and measuring results should be determined before including this procedure in the health services. This procedure, if done at all, may well be performed by teachers, older pupils, or volunteers.

The nurse plays an important role in arranging for a method of notifying parents of children whose screening tests reveal abnormal findings, or when a teacher's or nurse's observations indicate possible health deviations. Unless follow-up work is done to secure correction of defects, screening programs are ineffectual. A personal call to the home by the nurse is much more effective than a written note or telephone call. For example, a nurse may telephone a parent regarding a visual defect which was discovered in a screening program. The telephone conversation may not motivate the parent to seek medical aid because of some of the following reasons:

1. Having observed no visual difficulty themselves, the parents cannot believe the child has a defect. Further explanation or a demonstration of visual checking to the parent could clarify this.

2. The family is not financially able to take the child to the doctor. This might not be revealed over the telephone.

3. The school child or other members of the family may have physical and emotional problems which seem to the family paramount to the visual problem.

B. Medical Examinations for School Personnel

A periodic medical examination for teachers, cooks, custodians, and other school employees should be encouraged. (See suggested examination form - Appendix #7.) One of the companies from which this form can be obtained is Klipto Printing & Office Supply Company, 16-17 South Delaware Avenue, Mason City, Iowa.

C. Medical and Dental Examinations for Pupils

It is important that the child's health status be reviewed periodically by medical personnel. Some authorities recommend that health examinations be given to each child every year. Others feel that this may be impractical in view of the scarcity of medical facilities in many places and will advocate a minimum of four medical examinations--one at the time of entrance to school, one in the intermediate grades, one at the beginning of adolescence, and one before leaving school. Each pupil should be examined by his own physician in his office. In some instances, the physician, school physician or health officer may visit to do some of these examinations at school in a clinic-type procedure.

for school safety, to hygiene and sanitation, to safe and healthful transportation, to teacher and pupil relationships as they influence emotional health, and to the health of school personnel.

The nurse working in schools should always be alert to environmental deficiencies and hazards, which she will bring to the attention of the person to whom she is responsible. She may also participate in the educational program for maintenance department personnel.

In evaluating the school environment, the following are points to be considered:

1. General cleanliness of building.
2. Proper ventilation and temperature regulation.
3. Proper lighting.
4. Proper seating of pupils for health and efficiency.
5. Safe and adequate drinking facilities.
6. Adequate toilet and hand washing facilities.
7. Safe play grounds and equipment.
8. Sanitary lunch room facilities.
9. Properly maintained shower facilities.

(For details, see Reference No. 17.)

III. Health Education

Health education should be planned to interest boys and girls, develop or reinforce desirable attitudes and practices and teach scientific facts pertaining to living healthfully. Through school health education, children and youth learn about the functions of the human body, maintenance and improvement of personal health, nutrition, rest, exercise, personal appearance, personal adjustment, mental health, family life, alcohol and narcotics, disease prevention, accident prevention, and community health.

The school nurse serves as a resource person to the teaching staff when planning for health instruction in the curriculum. She plans with teachers in carrying out the total school health program. She plans health services so that they have educational value. She utilizes teaching opportunities when working with children, teachers and parents. She works with parent groups for health programs.

Health education materials are available from many sources. A limited number of health films are obtainable from the Iowa State Department of Health. (See Film Catalog - in references.) Films should be ordered at least a month before time for showing, and returned promptly. There is

no cost except return mailing charges. Health films should be used as a supplement to, and not as a substitute for, health teaching.

Health pamphlets on many subjects may be ordered from the Iowa State Department of Health. (See list of available materials from the Iowa State Department of Health - Reference No. 5.) For some other sources of materials, see list following references.

School nurses are frequently requested to assist with a sex education program in the school. Ideally a child's parents are the best source for information and standards of behavior. But in reality, many parents do not have sufficient knowledge in anatomy and physiology to give valid information; also, frequently, relationships between parents and children are such that it cannot be done effectively at home.

Some parents may be assisted in their role of providing sex education for their children by working with the school on home-school educational programs. This may be done through P.T.A. study groups where pamphlets, books and movies are evaluated as to their effectiveness for various age groups.

The American Social Health Association, 1790 Broadway, New York, N. Y. 10019, provides materials. The American Medical Association, 535 North Dearborn Street, Chicago, Illinois, and the National Education Association, 1201 16th Street, N.W., Washington, D. C., have collaborated in developing excellent educational materials.

Children come into the knowledge of human reproduction at a very early age. Therefore, it is recommended that sex education be started early rather than giving pupils a "one-shot" program at the age of fourteen or fifteen. The latter program may result in a remedial type of approach, trying to correct some of their misinformation or ideas about this subject. Many times this type of program does more harm than good.

It is now felt that the best way to inform pupils in sexual matters is through the total school program and not by a single course only. The same applies to venereal disease education. (The Venereal Disease Branch, Communicable Disease Center, Atlanta, Georgia, has reference materials on venereal diseases.) This is done by planning the curriculum so that there is a deliberate threading of information pertaining to human reproduction through a variety of courses from the lower grades through high school. Teachers should be prepared to answer questions at all levels, and to do so simply, scientifically, and according to the needs of the child. (See Reference No. 18 and No. 19.)

ADVISORY SERVICE AVAILABLE

Public health nursing supervisors located in the seven regional offices of the Iowa State Department of Health are available to assist the school nurses upon request. (See Map - Appendix #10.)

The following are some ways the supervisor may work with the school nurse:

1. In program planning and evaluation.

2. In developing a record system.

3. In obtaining consultation services from the Iowa State Department of Health and other agencies.

4. In planning periodic educational programs for school nurses and assisting with acquainting them with new programs, materials, films, etc.

5. In interpreting community and state resources.

In order that services given to school-aged children can be adequately tabulated, it is requested that school nurses complete a report form (See Appendix #12) and mail it by the last day of the month to the supervisory nurse for the region in which the local nurse serves. (For report form instructions, see Appendix #11.)

Duplicates of this form submitted to the school administrator and the medical advisory committee would be valuable in interpreting the school nurse's work.

THE PRESCHOOL CONFERENCE

Today the preschool program should be a part of the larger school health program. If there is a school health committee, planning the preschool program can be a part of its activity. If there is no health committee, the nurse will include this activity when she discusses the health program with the administrative personnel in the early part of the school year. The administrator may suggest or appoint school personnel who are interested in health to work with her. Interested school personnel might include the special education director, kindergarten teacher, elementary school principal, or even a member of the P.T.A.

The objective of the preschool conference is to help the child and his parents make a more comfortable transition from the limited world of the home to a larger one that includes the school. Good physical and mental health help the child to be successful in this task.

In Iowa preschool conferences are usually done in two ways:

1. Individual parent conferences.

2. Group conferences.

Weighing, measuring and such tests as vision and hearing should not be done at the preschool conference. It is better for this to be done as a part of the preschool physical examinations. It can be done after school starts and the child has an opportunity to become somewhat familiar with his new surroundings.

When the preschool program includes the individual conference, the parents have an opportunity to meet at least the teacher and the nurse to confer with them. Often the special education teacher participates in conferences. The school sets up the conference schedule and in small communities the newspaper may give publicity.

In the group type of conference, both parents and the child are invited to school on a specific date. The children may be entertained in the kindergarten room while the parents assemble elsewhere. The elementary principal or the school superintendent is in charge of the meeting. The teacher, nurse and special education teacher usually participate in the program.

The preschool conference provides an excellent opportunity for the nurse to observe the mothers and children before school starts. It is frequently possible to recognize families who may need help. In the group conference, the nurse introduces herself to the mother and gives the mother an opportunity to discuss her problems. This can then be followed by a home visit and plans can be made to meet the needs of the child before school begins.

Literature and Films

Literature serves a useful purpose in helping families to meet the needs of the school-aged child. Many schools produce a pamphlet giving general directions to the parents. These are excellent as the school can be specific about its policies and practices. The school nurse can develop a section on the health needs of the

child. The health section can include information on the need for rest, a varied diet, appropriate clothing and cleanliness. The topics of clothing and cleanliness can be approached from the aspect of helping the child to be socially acceptable in his peer group. Dental health examinations, the preschool physical and immunizations need some comment, too. It is often helpful to discuss symptoms of illness that indicate a child should not be in school.

The State Department of Health can furnish only these pamphlets in quantity:

"Be Wise and Immunize"
"Immunize"
Communicable Disease Chart (the small yellow chart)
"Protect Your Family Against Poisoning"
"Healthy Teeth--A Happier School Child"

Agencies, such as insurance companies, sometimes produce materials that can be helpful. It would be well to write to them directly if you want large quantities of material. The amount they send to any one agency is limited.

Literature does serve a useful purpose. A few well chosen pieces are of more value to parents than large amounts of irrelevant materials. The Division of Health Education, Iowa State Department of Health, has an order blank that can be made available to parents desiring information on other health topics. One copy of the bulletin they request is sent to them.

Films are often used in preschool programs. A catalog is available from the Division of Health Education, Iowa State Department of Health. The film you use should be carefully chosen and appropriate for the occasion. Only a limited number are appropriate so reserve it several weeks in advance of the showing date. Preview your film before showing. Preface it before and summarize it afterwards. Try to plan for a discussion period by the audience after the showing. These techniques will make the film more meaningful to your audience.

Physical Examinations

Preschool physical examinations should be done in the office of the child's private physician. This aspect of the preschool program should be discussed with the local physicians. It is not easy for the busy physician to fit large numbers of children into a busy office schedule. If physical examinations can be started early in the summer, some of the confusion will be avoided. The earlier date will also give time to get corrections completed before school starts.

The forms used for this are provided by the school and become a part of the child's accumulative school record. (See suggested form - Appendix #8) The Norwalk Printing Company, Norwalk, Iowa, is one company from which these records are available.

It is not necessary for the school to have all the intimate details of a child's health history or physical examination. The school does need information relative to the child's ability or inability to participate in the full school program. If his activity must be curtailed or modified, the physician should provide at least guidelines if not specific directions for the school.

The Nurse in the Preschool Conference

Give of yourself, your knowledge of children and their health needs. These are useful skills. In the school setting, you are the person most likely to possess them.

Whether you have individual conferences or are asked to "talk" to a group of mothers at the preschool conferences, the following are topics you may like to discuss. It is not anticipated that you would discuss all of them at one meeting.

1. Personal health and hygiene needs of the child entering school.

2. Necessity of continuous health supervision.

3. Communicable diseases.

4. The social and emotional aspects of entering school.

5. The school health program.

   When parents understand some of the areas of a school health program, they can work with you and their children more effectively. Some nurses discuss the visual and auditory screening programs. Policies for care during an emergency and in relation to control of communicable diseases should be understood by parents. You can discuss your reasons for home visits. It is much more satisfactory to discuss a child's problem when you can sit down in the privacy of the child's home. A home visit does not indicate something is wrong, it can be of a helping nature to the child who is handicapped or may be ill.

THE HOME VISIT

The nurse should regard the home visit as one of her most important activities as it provides the best opportunity for family-nurse contact. Without such contact it is impossible to understand many of the child's problems, and it is difficult to do something to correct them.

There are several advantages in home visiting. It permits the nurse to see the family in action and appraise family relationships and home situations. It permits teaching on an individual basis using the facilities of the home; the nurse can observe actual care given at home; the family gains confidence and support from the nurse's visit in the home; the visit provides an opportunity to learn of other health problems in the home. All of which have a direct bearing on the child at school.

When the nurse begins her plans to visit a home, she should remember that most families have two sets of needs--those which they recognize or feel are their needs and those which they may not recognize, but the nurse feels are their needs. Often it is necessary to consider the first before she can get the family to consider the second. The nurse also should realize that her standards for measuring needs may be far different from those of the parents.

Preparation for the visit with a tentative plan of approach will give the nurse confidence and assure better service through the visit. If there is a previous record, it should be studied; contact with school personnel or other agencies should be made if they have worked with the child or family. Then all of the information may be arranged for use in the teaching situation in the home. The nurse then makes an approach to the home, telling who she is and who sent her or what agency she represents. A social visit should last long enough to establish a friendly working relationship with the family. Then encourage conversation by the use of "open-end" questions which do not suggest the answer. The nurse will adjust to the needs of the family as she sees them, and later get to the discussion of the health needs for which the visit was planned.

The observations and accomplishments of this visit should be recorded on the school health record to be used by the teacher and nurse.

SUPPLEMENTARY MATERIAL

SUGGESTED STANDING ORDERS

These are only suggested standing orders and they, or others, written locally must be adopted by the local medical society.

A nurse (school, public health, or other) does not diagnose disease. It is only the physician in Iowa who makes diagnoses of illnesses. If the nurse or other school official has reason to suspect a disease, communicable or otherwise, he may state, "This looks to me like.....", or "I believe you may have.....", or "I want you to go to your doctor", or better still, "Have your parents taken you to your doctor. Your doctor is the only one who can decide whether you actually have what I think you may have."

Schools must remember all drugs are medicine and in Iowa only a physician can legally prescribe a drug. Even aspirin is a drug. In Iowa it may be purchased without a physician's prescription. For this reason, many persons feel it is safe to be given for any ache or pain. No school should assume responsibility for giving drugs except to children whose doctor may have made a specific request. Probably every school has some children who are on drugs prescribed by physicians, and who, according to advice of the physician, are to take some of the drug during school hours. These drugs should in no instance be furnished by the school. The pupil should either bring them with him or if the physician so requests, the drug could be left in charge of a nurse or school official to be given to the child to take at prescribed periods during the school day. In such instances the physician should send directions to the school. (Approved by Iowa State Department of Public Instruction and Division of Maternal and Child Health and the Division of Preventable Diseases of the Iowa State Department of Health - February 1964.)

Emergencies

All accidents requiring minor first-aid should be handled in the classroom by the teacher. Such incidents may be made educational experiences.

In the event of an emergency or serious injury, the principal will notify the parents.

It is recommended that every teacher be able to give first-aid when necessary--it may save a life. Since the nurse is in the school periodically only, it is recommended that each teacher take care of minor problems.

First-Aid for Emergencies

Every school should have a planned written program for the care of emergencies. In case of accident or sudden illness, the school has responsibilities for (1) giving immediate care, (2) notifying parents or guardians, (3) arranging for pupils to go home, and (4) guiding parents, if and when necessary, to sources of treatment.

Because a nurse or physician may not be present when an accident occurs or when a pupil becomes ill, at least one teacher or other person well trained in first-aid should always be present at school. If a nurse is present, she takes over.

The following items will need attention:

1. The first-aid kit should be checked periodically.
2. There should be detailed instructions for guidance of teachers in the care of common school emergencies.
3. Principals should have a guidance sheet on file with the telephone number, the name of the nearest neighbor, and the name of the family physician listed.
4. Parents should be informed in cases of emergency by telephone, or if the condition is very serious, the child should be sent to the hospital.

No sick or injured child should be sent home unaccompanied by a responsible adult.

A member of the school staff who makes notification should be prepared to help uncertain parents decide what next is to be done with the child. Treatment facilities, public and private, should be known, and the name of the private physician should be on a child's permanent health record card.

FIRST-AID SUPPLIES EVERY SCHOOL SHOULD HAVE

Adhesive Tape	Absorbent Cotton
Sterile Gauze Squares (different sizes)	Bandages (different widths)
Band-Aids	Pair of Scissors
Pair of Tweezers	Thermometer & thermometer holder
Phisohex or Dial Soap	Alcohol (70%)
Tincture of Merthiolate (or antiseptic of local medical choice.)	Padded wedge tongue protector

NOTICE: Teachers should notify the superintendent of emergencies or accidents as quickly as possible and then proceed to carry out the following directives.

FIRST-AID**

Bruises

Rest injured part. Apply cold compresses for half hour (no ice next to skin). If skin is broken, treat as a cut. For wringer injuries always consult physician without delay.

Scrapes*

Use wet gauze or cotton to sponge off gently with clean water and soap.

Cuts*

Small--Wash with clean water and soap. Hold under running water. Apply sterile gauze dressing.

Large--Apply dressing. Press firmly to stop bleeding--use tourniquet only if necessary. Bandage. Secure medical care.

NOTE: Do not use iodine or other antiseptics before the physician arrives.

Puncture Wounds*

Consult physician.

Slivers*

Wash with clean water and soap. Remove with tweezers or forceps. Wash again. If large or deep, consult physician.

Bites or Stings

Insect--Remove stinger if present. Cold compresses. Consult physician promptly if there is any reaction.

Animal*--Wash with clean water and soap. Hold under running water for two or three minutes if not bleeding profusely. Apply sterile dressing. Consult physician.

NOTE: If possible, catch or retain the animal and maintain alive for observation regarding rabies. Notify police or health officer.

Snake*--Non-poisonous--No treatment necessary.

Poisonous--(Keep calm--work fast.) Complete rest. Apply constricting band above the bite (not too tight). Get victim to physician or hospital as soon as possible.

Burns and Scalds

Burns of limited extent*--If caused by heat: Cover with gauze and bandage lightly. Consult physician.

If caused by chemicals: Wash burned area thoroughly with water. Consult physician.

Extensive Burns*--Keep patient in flat position. Remove clothing from burned area--if adherent, leave alone. Cover with clean cloth. Keep patient warm. Take patient to hospital or to a physician at once.

NOTE: Do not use ointments, greases, powder, etc. Electric burns with shock may require artificial respiration.

Fractures

Any deformity of injured part usually means a fracture. Do not move person if fracture of leg or back is suspected. Summon physician at once. If person must be moved, immobilize with adequate splints.

Sprains

Elevate injured part. Apply cold compresses for half hour. If swelling is unusual, do not use injured part until seen by physician.

Eyes

To remove foreign bodies, use a moist cotton swab. Don't overdo it. Pain in eye from foreign bodies, scrapes, scratches, cuts, etc., can be alleviated by bandaging the lids shut until doctor's aid can be obtained. Immediate and copious irrigation with plain water is procedure for chemicals splashed in eyes.

Nosebleeds

In sitting position blow out from the nose all clot and blood. Into the bleeding nostril insert a wedge of cotton moistened with any of the common nose drops and with the finger against the outside of that nostril apply firm pressure for five minutes. If bleeding stops leave packing in place and check with your doctor. If bleeding persists, secure medical care.

Fainting and Unconsciousness

Keep in flat position. Loosen clothing around neck. Summon physician. Keep patient warm. Keep mouth clear. Give nothing to swallow.

Convulsions

Consult physician. Lay on side with head lower than hips. Apply cold cloths to head. Sponge with cool water. Give nothing by mouth.

Head injuries

Complete rest. Consult physician.

Poisoning

Call physician or nearest hospital emergency room at once. As soon as possible induce vomiting.

Exceptions: Vomiting should not be induced if the child has swallowed kerosene or other petroleum products, furniture polish, insecticides, paint thinner or a strong corrosive such as lye or acids. Vomiting should not be induced if the child is unconscious or convulsing.

To induce vomiting: Give glass of water or milk. Then tickle back of throat with finger or blunt end of a spoon. Keep child face down with head lower than hips while vomiting to avoid choking.

Choking

If the child chokes, turn him head and face down over your knees and forcefully hit his back between shoulder blades in an effort to propel the object from the windpipe. If he can breathe, do not attempt this maneuver.

Artificial Respiration

To be used for drowning and electric shock. Continue artificial respiration until seen by a physician.

Mouth-to-nose or mouth-to-mouth rescue breathing is the method of choice.

RESCUE BREATHING TECHNIQUE:

1. Clear the throat--wipe out any fluid, vomitus, mucus or foreign body with fingers.

2. Place victim on his back.

3. Tilt the head straight back--extend the neck as far as possible. (This will automatically keep the tongue out of airway.)

4. Blow--with victim's lips closed, breathe into nose with a smooth steady action until the chest is seen to rise.

5. Remove mouth--allow lungs to empty.

6. Repeat--continue with relatively shallow breaths, appropriate for size, at rate of about twenty per minute. For infants only shallow puffs should be used.

NOTE: If you are not getting air exchange, quickly recheck position of head, turn victim on his side and give several sharp blows between the shoulder blades to jar foreign matter free. Sweep fingers through victim's mouth to remove foreign matter.

DO NOT STOP. If one can observe the chest to rise and fall, all within reason is being done.

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*Protection against tetanus should be considered whenever the skin is broken or for burns even if skin appears intact.

**From First Aid Chart prepared by Committee on Accident Prevention and Subcommittee on Accidental Poisoning, American Academy of Pediatrics.

DIRECTIONS FOR VISUAL TESTING

Snellen Symbol Chart

1. Hang the Snellen Chart with the 20-feet line on a level with the pupil's eyes. If strips of adhesive tape are fastened to the top of the chart, it can be readily adjusted to any required level.

2. The chart should be well lighted with constant illumination. Avoid glare or direct light in the pupil's eyes.

3. Instruct pupils in procedure before beginning the testing. Small children may be provided with a cardboard "E" with which to indicate the direction of the symbols on the chart.

4. Seat pupils exactly 20 feet from the chart.

5. Test the right eye, the left eye, then both eyes together. Both eyes are open during the entire testing.

6. Cover the eye not being tested with a 3 x 5 stiff card. Avoid pressure on the eyeball.

7. Begin with the 20/40 line. Show one symbol at a time. Hold the window card parallel with the Snellen Chart. Indicate that the symbol to be read is the one shown through the opening in the window card.

8. Record for each eye the smallest line that is read with not more than one error. In recording, the result is written as a fraction. The numerator is the distance from the screen. The denominator is the line read. For instance, if the 30-feet line is read with no more than one error, the result is written as 20/30.

9. If a child wears glasses, he should be tested first with his glasses, then without them.

10. Note and record any symptoms of visual difficulties such as squinting, frowning, leaning forward, etc.

11. Test results of 20/40 to 20/70 in either or both eyes should be reported to the school nurse, the county public health nurse, the superintendent, and by the superintendent or nurse to the parents. (Refer to Vision Conservation Guide - Appendix #3.)

12. Any doubtful case should be carefully rechecked on the Snellen Chart. The symptoms should be observed to be frequent and persistent before they are considered to be cause for referral. The pupil's report of his visual difficulties should be voluntary.

13. Crossed-eyes and head tilting should always be reported.

Appendix #2A

SUGGESTED LETTER TO PARENTS OF CHILDREN WHO SHOULD BE REFERRED FOR PROFESSIONAL VISION EXAMINATION

_____
(DATE)

Dear Parents:

Because we know how important your child's eyes are to him and to his future, the _____(name of school district) conducts a periodical vision screening survey.

During the vision screening survey at _____school on _____(date), it was found that your child, _____ _____(name of child), did not satisfactorily complete the vision test. This does not necessarily mean that new glasses will be needed, but we advise that you arrange a vision examination in the near future if your child's eyes have not been examined recently.

We understand that many times doctors cannot prescribe glasses or lenses which will completely correct vision problems. If an examination has been made recently, please advise us so that our medical school records may be kept current.

(A paragraph may be added to request the return of forms, etc.)

Sincerely,

NEW VISION REPORT

Traditionally at least two annual reports have been requested of those persons involved in identifying school children with vision difficulties. In June of each year, public school and public health personnel have been asked to submit a summary report of vision screening activities. In January, the same persons have been asked to submit information regarding legally blind children. These two reports are being revised and combined into a single report form.

The new combined report will be submitted in late September or early October of each year and will include the following information:

1. School enrollment.
2. Number of pupils screened.
3. By whom the screening is administered.
4. Screening methods used.
5. Numbers referred to professional examiners.
6. Corrective measures.
7. Names and school of children with far acuity ratings of 20/70 or less.

In keeping with past procedures this report will be sent to the county superintendents of schools for transmission to the State Department of Public Instruction. The first combined report will be requested in the fall of 1965. Your cooperation in helping to obtain this information is vital.

2641-547SE

V I S I O N C O N S E R V A T I O N G U I D E

An Outline of Roles

of

Nursing and Special Education Personnel

STATE OF IOWA

Department of Public Instruction
Department of Health

1 9 6 4

INTRODUCTION

This material has been prepared to assist school administrators, special education personnel and nurses in combining their efforts to establish and maintain an effective vision screening program for all. For the school that does not have an annual vision screening program, this material may serve as a guide for initiating the program. Where vision screening is being conducted this may serve to strengthen and clarify the program.

The team approach should be the core of all aspects of a program designed to help meet the needs of the visually handicapped child. A guide such as this cannot cover all situations that may arise throughout the State, but additional assistance for planning and developing a vision conservation program in a school is available from the Nurse Supervisor in Regional Health Service of the Iowa State Department of Health and Vision Consultant, the Division of Special Education, Department of Public Instruction.

In deciding the screening method that is to be used in a given school, consideration should be given not only to the screening program but to the follow-up as well. Studies have shown that no one procedure or group of procedures is best in all situations. The choice of screening methods should be determined by such factors as:

Over-all objectives of the vision program.
Personnel and facilities for testing and follow-up.
Number of children to be tested.
Time available for vision screening of each child.
Age group of children to be tested.

Of the screening tests that are now given, it has been shown that the properly conducted Snellen Test gives results which agree with clinical judgment as closely as any of the multiple-procedure methods, and better than most. It does miss a few children needing care, but it does not refer for treatment many children who do not need attention. In vision programs where follow-up and treatment facilities are limited, little would be gained by a larger number of referrals. However, programs with better follow-up and treatment facilities may prefer to use a multiple-procedure method.

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A. SCREENING: To determine which individuals appear to deviate sufficiently from established "normal" standards to warrant further evaluation.

ROLE OF NURSE	ROLE OF SPECIAL EDUCATION PERSONNEL
1. Assists in planning of vision screening programs. (a) cooperates with school administrators and other professional persons in the community in selection of methods to be used in screening.	1. Has responsibility for planning vision screening programs. (a) encourages school administrator to provide technical assistance, materials, time, etc., for screening program.
(b) assists with development of criteria for referral	(b) helps determine the criteria for referral.
2. Helps classroom teacher in conducting vision screening program. (a) helps teacher with arrangements (time & place, etc.)	2. Provides materials for screening to teachers and others.'
(b) instructs and supervises the teacher and other volunteers in the techniques of vision screening and recording data.	
3. Interprets vision screening program and the relationship of nursing service to special education, school personnel, parents, and children.	3. Interprets vision screening program and the role of the special education worker to the nurse, school personnel, parents, and children.
4. Assists with collection of data on screening program.	4. Has responsibility for collecting data on screening program and setting a deadline for the completion of the program.
5. Assists with evaluation of the findings of the screening program and teacher observation of eye difficulties to determine the children with suspected vision handicaps.	5. Helps evaluate the results of the screening program and teacher observations to determine children who may be in need of follow-up.

B. FOLLOW-UP: Work with concerned persons about the indicated problem or condition on a continuing basis until there is a better understanding and a willingness to carry through recommended preventive, corrective or remedial measures.

ROLE OF NURSE	ROLE OF SPECIAL EDUCATION PERSONNEL
1. Assists in planning for a follow-up program. (a) arrange for further screening for those who have difficulty on first screening.	1. Coordinates planning for a follow-up program. (a) solicits support from school administration and community groups for follow-up of visually handicapped children. (b) shares information about child's educational needs in relation to the child's vision difficulty with school personnel.
2. Informs the child's parents of screening findings. (a) assists the family to gain an understanding of the child's vision problems and stresses the need for professional attention. (b) shares health information with physicians and others who are working with the child's vision problem.	2. Provides educational help for children with vision problems that hinder academic progress. (a) arrange for the loan of recommended materials from the Division of Special Education. (b) interprets and instructs teachers and parents in the use of specific sight-saving equipment and supplies.
3. Assists in maintenance of an accumulative health record that shows vision screening results and follow-up care.	3. Maintains a record on children with visual problems.
4. Encourages community organizations in promotion of vision conservation.	4. Promotes interest in the vision program to community organizations.
5. Helps in the development of an eye safety program in the school and community. (a) assists in the development of a teaching unit on vision screening and eye health and safety.	5. Encourages school administrators and teachers in the development of eye safety program. (a) develops teaching materials to be used to explain vision screening, and eye health and safety.

C. Referral: A formal request (preferably written) for service of one agency or person to another concerning a problem.

ROLE OF NURSE	ROLE OF SPECIAL EDUCATION PERSONNEL
1. Initiates referral when it appears that a person has needs which nursing service cannot meet completely.	1. Initiates referral when it appears that a person has needs which special education service cannot meet completely.
2. Maintains contact with and provides necessary service to the child referred until such a time as nursing service is not needed.	2. Maintains contact with and provides necessary service to the child referred until such a time as the service of special education is not needed.
3. Requests and shares information with other disciplines.	3. Requests and shares information with other disciplines.

REFERENCES

Committee on Child Health of American Public Health Association and National Society for Prevention of Blindness, Services for Children with Vision and Eye Problems, American Public Health Association, New York, 1956.

Crane, M. M., Foote, F. M., Scobee, R. G., Green, E. L., and Price, B., Screening School Children for Visual Defects, U. S. Government Printing Office, Washington, D. C.

Dukelow, D. A., Hein, F. V., Health Appraisal of School Children, Joint Committee on Health Problems in Education, NEA and AMA, 1957, pp. 18-22.

Foote, Franklin M., Crane, Marian M., An Evaluation of Vision Screening, Exceptional Children, Vol. 20, No. 4., January 1954, pp. 153-161, 180.

Joint Committee on Health Problems in Education, NEA and AMA, The Nurse in the School, NEA or AMA, 1955.

Pelone, Anthony J., Helping the Visually Handicapped Children in Regular Class, Bureau of Publications, Teachers' College, Columbia University, New York, 1957.

Thompson, J. C., Study of Vision Screening Methods in Lincoln Schools, Journal of School Health, October, 1958, pp. 250.

A. Survey - A study of an area or a population group with respect to a condition and its prevalence.

SPECIAL EDUCATION DIRECTOR'S ROLE

1. Initiates awareness of a need for a survey.
2. Originates plan for survey.
3. Analyzes information from health and school records that may serve as a guide for the design of the survey.
4. Interprets the purpose of the survey to school administrators, teachers, PTA and other groups in the community.
5. Assumes responsibility for and provides leadership in the organization of the survey.
6. Evaluates the survey findings in terms of developing the needed special education services of a group and/or area.

NURSE'S ROLE

1. Helps establish need for a survey.
2. Assists with the planning of the survey.
3. Shares information from health records that may serve as a guide for the design of the survey.
4. Interprets the purpose of a survey to the related professions and health agencies in the community.
5. Cooperates with persons doing the survey.
6. Evaluates the survey findings in terms of developing the nursing service to meet the health needs of the group and/or area.

NOTES: (modifications of above as used in locality)

SURVEY

B. Screening - A procedure to determine which individuals appear to deviate from established normal standards.

SPECIAL EDUCATION DIRECTOR'S ROLE

1. Directs planning of the screening program.
2. Directs administration of the screening program.
   a. Selects and contacts volunteer workers.
   b. Arranges for in-service training of volunteer workers.
   c. Interprets screening objectives to children, parents and school personnel.
   d. Supervises and co-ordinates testing program.
3. Interprets and evaluates results of screening.

NURSE'S ROLE

1. Assists with the planning of the screening program.
2. Cooperates in administration of the screening program.
   a. Assists with selection and contact of volunteer workers.
   b. Assists with instruction of volunteer workers.
   c. Assists with interpretation of screening objectives to children, parents and school personnel.
3. Helps interpret and evaluate results of screening.

NOTES: (modifications of above as used in locality)

SCREENING

C. Referral - A formal request for assistance (preferably written).

SPECIAL EDUCATION DIRECTOR'S ROLE

1. Initiates referral when it appears that a person has needs which special education services cannot meet completely.
2. Acts on educational referrals.
   a. Requests needed information from other disciplines.
   b. Shares pertinent information at regular intervals and upon request.
3. Maintains adequate records to facilitate continuity of service.
4. Interprets special education functions to interested persons.

NURSE'S ROLE

1. Initiates referral when it appears that a person has needs which nursing service cannot meet completely.
2. Acts on health referrals.
   a. Requests needed information from other disciplines.
   b. Shares pertinent information at regular intervals and upon request.
3. Maintains adequate records to facilitate continuity of service.
4. Interprets nursing functions to interested persons.

NOTES: (modifications of above as used in locality)

REFERRAL

D. Follow-up - Work with the individual's problem on a continuing basis until there is a better understanding of the condition and action taken to carry through preventive, corrective or remedial measures.

SPECIAL EDUCATION DIRECTOR'S ROLE

1. Formulates a plan designed to coordinate the functions of those participating in the follow-up program.
2. Administers refined testing and educational follow-up. Refers health problems to nurses.

NURSE'S ROLE

1. Assists with formulation of a plan designed to coordinate the functions of those participating in the follow-up program.
2. Administers health follow-up. Refers refined testing and educational problems to director.

NOTES: (modifications of above as used in locality)

FOLLOW-UP

E. Refined Testing Follow-up - A comprehensive study of an individual's hearing acuity.

SPECIAL EDUCATION DIRECTOR'S ROLE

1. Directs planning of the refined testing program.
2. Directs administration of the refined testing program.
   a. Assists by collecting information for the examination.
   b. Selects and contacts qualified audiometricians.
   c. Interprets educational implications of a hearing problem to child and parent.
3. Interprets and evaluates results of the refined testing program.
4. Records or arranges for recording of pertinent information in the special education files and in the individual cumulative school folder.

NURSE'S ROLE

1. Assists with planning of the refined testing program.
2. Cooperates in administration of the refined testing program.
   a. Assists by collecting information for the examination.
   b. Interprets health implications of a hearing problem to child and parent.
3. Assists with interpretation and evaluation of refined testing program.
4. Records or arranges for recording of pertinent information in child's health record.

NOTE: (modifications of above as used in locality)

REFINED TESTING FOLLOW-UP

F. Health Follow-up - Initiation and implementation of recommendations for those persons who appear to require further health examination, diagnosis or treatment.

NURSE'S ROLE

1. Develops health follow-up program which assures hearing impaired children of systematic health attention.
2. Coordinates functions associated with health follow-up program.
   a. Assists parents in arranging for child to be seen by family physician.
   b. Supplies family physician with pertinent information and may assist him in arranging for further study of the child.
   c. Supplies special education supervisor with information pertinent to child's educational adjustments.
3. Stimulates school and community interest and action in the health follow-up program.
   a. Encourages development of and participates in school and community health groups.
   b. Initiates school programs on ear care and safety as well as on general health.
4. Maintains adequate records to facilitate continuous health attention.

SPECIAL EDUCATION DIRECTOR'S ROLE

1. Assists with development of health follow-up program which assures hearing impaired children of systematic health attention.
2. Cooperates in functions associated with health follow-up program.
   a. Assists with arrangements for child to see family physician.
   b. Supplies nurse with information pertinent to child's health needs.
3. Assists in stimulating school and community interest and action in the health follow-up program.
4. Assists with maintenance of adequate records to facilitate continuous health attention.

NOTE: (modifications of above as used in locality)

HEALTH FOLLOW-UP

G. Educational Follow-up - Modification of the educational program to provide for optimum development of the individual.

SPECIAL EDUCATION DIRECTOR'S ROLE

1. Develops educational follow-up program which provides for preferential seating, speech reading, auditory training, speech therapy, etc.

2. Administers the educational follow-up program conducted by the speech and hearing therapist.

3. Evaluates speech and hearing services in terms of future needs and interprets these needs to school authorities and community.

NURSE'S ROLE

1. Contributes to development of an educational follow-up program.

2. Supplies information pertinent to child's educational adjustment.

3. Assists with interpretation of speech and hearing needs to school authorities and community.

NOTES: (modifications of above as used in locality)

EDUCATIONAL FOLLOW-UP

Appendix #5

DENTAL HEALTH PROGRAM REPORT
1964-1965

Name of County or School District _____ Name of Nurse _____

Address _____

1. List School District (Not individual schools) 2. List Parochial Schools. 3. Give <u>total</u> number of rural schools using dental cards. <u>DO NOT</u> list individual rural schools.	Grades Included Kg-6, 1-8, 1-12	Number of Pupils Represented	Number of Cards Returned

Note: Please return this completed form to the Bureau of Dental Hygiene, Iowa City, Iowa, on or before <u>June 15, 1965</u>. Kindly add items of interest. Don't be modest about your achievements.

(over)

<u>Please Complete Both Sides</u>

REPORT OF DENTAL HEALTH EDUCATIONAL ACTIVITIES
IN PROMOTING THE PROGRAM

An estimate of number is acceptable if not known accurately.

CONFERENCES ON DENTAL HEALTH

	Total Number
Dentists	
Superintendents	
Teachers	

	Total Number
Parents	
Students	
Teachers	

TALKS ON DENTAL HEALTH

Number of Talks

	EL*	JH*	SH*	AD*	Total	Total No. Present
Using Dental Slides						
Using Dental Movie Films						
Talks Without Visual Aids						

Titles of Films Shown

*EL: Elementary Grades
JR: Junior High
SH: Senior High
AD: Parents & Teachers

OTher programs or efforts in dental health education.

2-65

MANUAL FOR INSTRUCTIONS

(A) PUPIL PHYSICAL AND HEALTH RECORD (A)

For Use With Iowa Pupil Cumulative Record Folder

pil Number	Name (Last / First / Middle)	Address	M / F	Birthdate

ame of Parent or Guardian	Address	Family Doctor	Address	Phone

ood Type	Medicine Taken Regularly	Defects or Conditions that would have an effect on school performance

DISEASE AND IMMUNIZATION HISTORY

Diseases	Date	Diseases	Date	Immunizations	Date: Original	Booster	Booster	Booster	Tests	Date	Pos.	Neg.
LLERGIES		RHEUMATIC FEVER		DIPHTHERIA					TUBERCULIN TESTS			
HICKEN POX		SCARLET FEVER		POLIOMYELITIS					MANTOUX			
IPHTHERIA		SMALL POX		SMALL POX					Other			
ERMAN MEASLES		WHOOPING COUGH		TETANUS					PATCH			
EPATITIS				TYPHOID								
IEASLES		OPERATIONS AND INJURIES		WHOOPING COUGH					SMALL X-RAY			
IUMPS									LARGE X-RAY			
NEUMONIA												
OLIOMYELITIS												

PHYSICAL EXAMINATION

	Date:	Date:	Date:	Date:	Date:
eneral Appearance					
osture					
Iutrition					
kin					
eet					
Iose and Throat					
yes and Ears					
onsils and Glands					
Ieart and Lungs					
bdomen					
enitals					
rinalysis					
lood Count					
lood Pressure					
Iame of Examining Physician					

Date	Description of Abnormalities or Handicaps, Specific Recommendations and Comments by Physician

Appendix #6

DENTAL EXAMINATION

	Date:	Date:	Date:	Date:	Date:	Date:
Condition of Teeth						
nd Gums						
ame of Dentist						

RECORD OF HEIGHT, WEIGHT, VISION AND HEARING

Date	Grade Level	Age	Name of School	Height	Weight	Vision				Hearing	
						With Glasses		No Glasses			
						R	L	R	L	R	L

COMMENTS AND OBSERVATIONS BY SCHOOL PERSONNEL AND NURSES

Date	By Whom	

EVERY PUPIL EVERY FALL

SUPPLEMENTARY SCHOOL HEALTH REPORT

To Parents or Guardians:

In order to bring the individual school health record to date, this form should be filled out promptly and returned to the teacher.

NAME OF CHILD_____ AGE_____

NAME OF SCHOOL_____

REPORT FOR SUMMER AND PAST SCHOOL YEAR

Did your child have an illness or accident?_____If so, please state type

_____

Operation (kind)_____

Injury_____

Immunizations (kind)_____Boosters_____

New glasses or lenses:_____Did your child visit dentist?_____

Name of Dentist:_____

Name of Doctor:_____

In case of an emergency, if you cannot be reached, who shall be called?

Name_____Telephone Number_____

Address_____

Has this person agreed to assume this responsibility in case of an emergency?

Yes_____No_____

Date_____Signature of Parent_____

Appendix #6B

NEW PUPILS

HEALTH INFORMATION FROM PARENTS

Name of Child _____ Grade _____ School _____

Name and Address of Parent or Guardian _____ Phone _____

Date of Child's Birth _____ Sex _____ Color _____

Physician usually employed _____

City _____

In case of emergency, if you cannot be reached, who shall be called?

Name _____

Address _____

In making our survey of school children it is necessary for us to secure information from the parents concerning the history of the children. May we ask your cooperation in furnishing the needed information?

Has this person agreed to assume this responsibility? Yes _____ No _____

****

Parent or Guardian: Please give age in years when child had the following:

Measles _____ Mumps _____ Smallpox _____ Pneumonia _____
Whooping Cough _____ Scarlet fever _____ Poliomyelitis _____ Rheumatic fever _____
Chickenpox _____ Diphtheria _____ German measles _____ Typhoid fever _____
Operations (kind) _____ Date _____
Has child been exposed to tuberculosis? _____ By whom? _____
Infectious hepatitis? _____

****

Please give age in years when child completed series of treatments:

	First	Second	Third	Booster
Diphtheria				
Whooping Cough				
Tetanus				
Smallpox				
Measles				
Typhoid Fever				
Poliomyelitis				
Tuberculin Test				
Chest X-Ray				
Other				

NOTES:

DIRECTIONS FOR USING PUPIL PHYSICAL AND DENTAL RECORD

PUPIL NUMBER--Enter the individual pupil number if numbers are assigned by your school to identify pupils.

NAME--Enter the pupil's full name in the order indicated: last name, first name, and middle name. If the pupil has no middle name or initial, enter "none." If the last name is not the pupil's legal name, show the legal name in parentheses immediately following the last name used by the pupil.

ADDRESS--Enter the complete, current address of the pupil. The accuracy of this address should be verified annually.

MALE, FEMALE--Place check mark by "M" or "F."

BIRTHDATE--Enter the pupil's birthdate--month, day and year.

NAME OF PARENT OR GUARDIAN--Enter the full name of the pupil's father, if living; otherwise, enter the full name of the pupil's mother, or if both parents are deceased, the full name of the pupil's guardian.

ADDRESS--Enter the complete, current address of the pupil's parent(s) or guardian.

FAMILY PHYSICIAN--ADDRESS--PHONE--Enter the complete name, address and telephone number of the physician. Make necessary changes to keep this record up to date.

BLOOD TYPE--Enter the pupil's blood type, such as "O", "A", "B", and "AB." This should be verified by medical records.

MEDICINE TAKEN REGULARLY--Enter here the name of any medicine prescribed by a physician which is to be taken regularly by the pupil, such as insulin for the diabetic, or medication for convulsive disorders or asthma.

DEFECTS OR CONDITIONS THAT WOULD HAVE AN EFFECT ON SCHOOL PERFORMANCE--Enter any defects or limiting conditions that would have an effect on the pupil's school performance, such as defective eyesight or hearing, a severe allergy, or rheumatic heart disease. If the pupil is receiving Special Education services, make cross reference with Insert (B), Special Education Record.

DISEASE AND IMMUNIZATION HISTORY--Based on information received from parents, teachers, the school nurse, or the family physician, enter the date the pupil had such diseases, immunizations, and/or tests as those listed. This record should be kept current at all times.

PHYSICAL EXAMINATION--This section is to be completed by the examining physician or transcribed from the examining physician's record to this form by appropriate school personnel for determining the health status of the pupil. Space is provided for five separate examinations. Enter the date of the examination and appropriate comments opposite "General Appearance," "Posture," "Nutrition," "Skin," etc. The name of the examining physician should be entered in the space provided. A record of any abnormalities or handicaps and/or specific recommendations should be entered in the appropriate space, together with the date of the entry. Comments as to the kind of follow-up necessary to secure improvement in the pupil's health may be entered here.

DENTAL EXAMINATION--This section is to be completed by the examining dentist or transcribed from the examining dentist's record to this form by appropriate school personnel for determining the dental health status of the pupil. Space is provided for six separate examinations. Enter the date of the examination and appropriate comments opposite "Condition of Teeth and Gums." The name of the examining dentist should be entered in the space provided.

RECORD OF HEIGHT, WEIGHT, VISION AND HEARING--This section provides for a cumulative record of the pupil's height, weight, vision (with and without glasses), and hearing. Show the date, grade level, age of the pupil, and name of the school for each entry. A record of the pupil's height and weight may be recorded at the option of the local school district.

COMMENTS AND OBSERVATIONS BY SCHOOL PERSONNEL AND NURSES--Certificated personnel, such as teachers, administrators, and nurses may enter appropriate information or comments on the pupil's health as the need arises. Include comments to help school personnel to better understand the pupil's behavior as related to his physical condition and help him adjust to the school's routine. Examples: "Appears excessively tired"; "favors right ear when listening"; "bothered by nasal allergy"; "small for his age." The date of the entry and the name and title of the individual making the comment or observation should be shown.

Q A-45

SCHOOL PERSONNEL PHYSICAL AND HEALTH RECORD FOR ADULTS

Address Date of Birth

al Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

on held or sought ☐ Bus Driver ☐ Clerical ☐ Custodial ☐ Lunch Room Worker ☐ Teacher ☐ Other

MEDICAL HISTORY

the Following Diseases or Conditions you have had and indicate date

	Date		Date
biasis		Other (Specify)	
endicitis			
ea (St. Vitus Dance)			
betes			
htheria		Surgery (Specify)	
lepsy			
Fever or Asthma			
rt trouble			
patitis			
ney trouble			
		Accidents of Consequence (Specify)	
urisy			
eumatic Fever			
arlet Fever			
berculosis			
yphoid Fever			

Immunizations	Dates Original	Booster	Booster	Booster	Booster
Diphtheria					
Tetanus					
Typhoid					
Smallpox					
Poliomyelitis					

Tests	Date	Positive	Negative
Tuberculin Tests			
Mantoux			
Other			
Small Chest X-ray			
Large Chest X-ray			

enstrual History

Usual weight last 3 years

Has any member of your family had tuberculosis, diabetes, epilepsy, or mental illness? (Explain)

Summarize Medical attention you have had in last 5 years

Appendix #1