CLINICAL RECORD – REPORT OF MEDICAL EXAMINATION

NAME (last, first, middle	NAME OF SCHOOL	REGISTRATION NO.

Other names used	DEGREE OF BLOOD	TRIBE	Tribal Identification No..

PERMANENT ADDRESS OF PARENT OR GUARDIAN	DATE OF EXAMINATION

PLACE OF BIRTH	DATE OF BIRTH	AGE	SEX	OTHER CLINIC SCHOOL ATTENDED

FATHER'S NAME	PLACE OF BIRTH	MOTHER'S MAIDEN NAME	PLACE OF BIRTH

SIGNIFICANT FAMILY HISTORY (last tuberculosis, venereal disease, diabetes, epilepsy, trachoma in family. Also, is parents not living, indicate cause of death.

SIGNIFICANT PERSONAL HISTORY (List with dates where possible, history of rheumatic fever, tuberculosis, asthma, convulsive disorder, diabetes, pneumonia, trachoma, other serious illness or hospitalization and menstrual history)

SIGNIFICANT SOCIAL HISOTRY

DENTAL (Place appropriate symbols above or below number of upper and lower teeth respectively.
0 – Restorable teeth X – Missing teeth (6x8) – Fixed bridge, brackets
1 – non-restorable teeth XXX – Replacement to include abutments

Right	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Left
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEAS
ES

DATE OF DENTAL EXAM	SIGNATURE OF EXAMINER

LABORATORY FINDINGS

URINALYSIS

A. SPECIFIC GRAVITY	D. MICROSCOPIC	HEMATOCRIT OR HEMOGLOBIN
B. ALBUMIN		
C. SUGAR		

SEROLOGY	EKG	BLOOD TYPE AND RH FACTOR	OTHER TESTS

CHEST X-RAYS (place, date, film number and results)	NAME OF FACILITY OR CLINIC

Rev 3/2007