MERCY HIGH SCHOOL
1300 E. NORTHERN PARKWAY BALTIMORE, MD 21239

PUPIL'S MEDICAL RECORD FROM PRIVATE PHYSICIAN

To be completed by family:

Student Name:	Date of Birth:
Address:	
Mother's Name:	Father's Name
Home Telephone:	Home Telephone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

Emergency Contact:

Emergency Contact:

HISTORY (to be completed by Physician)

Significant family and personal history; please list STUDENT medication taken

Y/N		*Y/N*	
	Asthma		Heart Condition
	Head Injury		Depression/Anxiety
	Food Allergies		ADD/ADHD
	Seasonal Allergies		Seizure Disorder
	Medication Allergy		Hearing Problem
	Migraine Headache		Tuberculosis
	Diabetes		Bleeding Disorders

Current Medications:____

OPERATIONS AND INJURIES

Date	**Description**

PHYSICAL EXAMINATION

Indicate below by CHECK for normal findings; X for abnormal (please explain below)

	Weight: lbs. Height: in.		Heart Condition
	General appearance		Lungs
	Skin		Abdomen
	Ears (Hearing)		Genitals (Hernia)
	Eyes (Vision)		Femoral Arteries
	Nose and throat		Extremities
	Mouth and teeth		Blood Pressure
	Neck		Urinalysis

** **Description of disability and any specific recommendations:**

Y/N Does student use mobility device (please explain): ____________________

Y/N Does student use elevator or chair lift during school hours (please explain): ____________________

Printed name of private physician: ____________________

Signature of private physician: ____________________

Today's Date: ____________________