

Lexington Public Schools
Interval Health History

Please provide recent health information since the last physical examination that was provided to the school. Give dates if possible. Use reverse side for details.

NAME _____ GRADE _____ SCHOOL _____

Date of Last Physical Exam _____ Date of Last Dental Exam _____

Doctor's name _____ Dentist's name _____

Doctor's phone _____ Dentist's phone _____

Allergies _____ Immunocompromised _____

Asthma/Respiratory _____ Ear, Nose & Throat _____

Operations/Hospitalizations _____ Heart Problems _____

Diabetes _____ Bone & Joint Problem _____

Headaches/Seizures _____ Urinary Tract _____

Emotional Problems _____ Other _____

Has your child been seen by a specialist? If so, please specify. _____

What medicine, if any does your child take (either at home or at school)? It is important that the nurse be aware of any medication being taken so that she may be alert to any side effects.

Please add any other problems or comments you would like to bring to the attention of the school nurse (use reverse side, if needed). _____

Date _____ Parent/Guardian Signature _____

Lexington Public Schools
Lexington, Ma

Date _____

Dear Parent or Guardian:

The Lexington Public Schools in conjunction with recommendations from the State Department of Public Health have eliminated the requirement for physical examinations at Grade 3.

In place of the required physical examination, we now require that this Interval Health History be completed by you and returned to the school promptly. You may send in a physical examination done this past year instead, if you prefer.

If you have any questions regarding the completion of this form, please contact me at 781-861-2520.

Yours truly,



Estabrook School Nurse

Return to: Kathy Johnson RN
117 Grove Street
Lexington, Ma
02420