

# OKLAHOMA CUMULATIVE HEALTH RECORD

*(Please Print)*

1. Name of Pupil \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Last) (First) (Middle)
2. Address \_\_\_\_\_ Home Telephone \_\_\_\_\_
3. Parent or Guardian \_\_\_\_\_ Business Telephone *(Mother)* \_\_\_\_\_ *(Father)* \_\_\_\_\_
4. Physician \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_
5. Person to call if parent not available 1) \_\_\_\_\_ Telephone \_\_\_\_\_  
*(Local Residents Please)* 2) \_\_\_\_\_ Telephone \_\_\_\_\_

IMMUNIZATION RECORD					
Vaccine Type	Date of Each Dose (Enter date when each immunization was given)				
	1	2	3	4	5
DTP/DTaP/Td					
Polio					
Hepatitis B				<i>Immunization History should be transcribed from personal record ONLY by school personnel not by parents. The student's personal record needs to be returned to parents or guardian and not kept by the school.</i>	
MMR					
Varicella					
Hepatitis A					
Tdap				<hr style="width: 80%; margin: 0 auto;"/> <i>Date and signature of person transcribing Immunization history</i>	

TRANSFER RECORD			
Date	Grade	From:	To:
<i>It is recommended that a copy of this record be given to parents or guardian at time of transfer. This record is to be forwarded immediately to the new school. It is <u>not</u> to be withheld for any reason. The Oklahoma School Immunization Law requires this information be presented when enrolling at each new school.</i>			

## GENERAL HEALTH RECORD

This section may be used to record pertinent health information which may be useful to the school nurse or other school officials (*i.e. allergies, medical conditions, behavioral, and developmental problems*).

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Date	Grade	Ht	Wt	VISION				HEARING SCREENING				DENTAL			SCOLIOSIS			OTHER TESTING
				R	L	Referral	Results	R	L	Referral	Results	O	TA	T	O	TA	T	
				20'	20'													
				20'	20'													
				20'	20'													
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**CODES:** O - Satisfactory F - Fail  
 TA - Treatment Advised T - Treatment  
 P - Pass

Date	NOTES	Nurse