SCHEDULE OF MEDICAL INSPECTION.

I.—Name ..... Date of Birth[1] .....
Address ..... School .....

II.—Personal History:

(*a*) Previous Illnesses of Child (before admission).

Measles.	Whooping Cough.	Chickenpox.	Scarlet Fever.	Diphtheria.	Other Illnesses.[2]

(*b*) Family Medical History (if exceptional).[3]

——	I.	II.	III.	IV.	——	I.	II.	III.	IV.
1. Date of Inspection.....					13. Ear disease[15]				
2. Standard and Regularity of Attendance[4]					14. Hearing[16]				
3. Age of Child[5]					15. Speech[17]				
4. Clothing and footgear[6] ...					16. Mental condition[18].....				
III.—*General Conditions.*]					[V.—*Disease or Deformity.*][19]				
5. Height[7]					17. Heart and circulation[20]....				
6. Weight[8]					18. Lungs[21]....				
7. Nutrition[9]					19. Nervous system[22]				
8. Cleanliness and condition of skin[10].....					20. Tuberculosis[23]...				
Head					21. Rickets[24]				
Body					22. Deformities, Spinal Diseases, etc.[25].....				
IV.—*Special Conditions.*]					23. Infectious or contagious disease[26]				
9. Teeth[11].....					24. Other disease or defect[27]..				
10. Nose and throat[12].....									
Tonsils									
Adenoids									
Submax and cervical glands									
11. External eye disease[13]....									
12. Vision[14]									
R.					Medical Officer's initials				
L.									

General observations.

Directions to Parent or Teacher.