

MADISON STREET JUNIOR HIGH SCHOOL HEALTH RECORD OF SCHOOL CHILD

FORM 15-03-03 - No 5A

SCHOOL Talbert  
 NAME Thompson Winston A SEX M. COLOR Negro  
LAST FIRST MIDDLE  
 ADDRESS 39 College Court DATE OF BIRTH 3-10-1934  
 ADDRESS FATHER Herbert Moore MOTHER Dorothy Moore

DISEASES (DATES)		IMMUNITY STATUS						
CHICKEN POX	1944	SCARLET FEVER	SMALLPOX	SCHICK	DIPHTHERIA	DICK	SCARLET	TYPHOID
DIPHTHERIA		TONSILLITIS	<del>430K</del>	<del>11-3-42</del> neg				
MEASLES	1941							
MUMPS								

HISTORY OR HABITS			DATE	OTHER FINDINGS AND PHYSICIANS' RECOMMENDATIONS
DATE	1948	1950		TUBERCULIN TEST
AFTERNOON REST	NO	NO		X-RAY NO.
HOURS OF ARISING	7:00	7:00		
TO BED AT	9:00	10:00		
DAILY BOWEL MOVEMENT	yes	yes		
AMOUNT MILK DAILY	1/2 gal.	1/2 gal.		
EATS WELL BALANCED MEALS	yes	yes		
EATS BETWEEN MEALS	yes	yes		
DRINKS TEA COFFEE OR SOFT DRINKS	yes	yes		
WETS BED	NO	NO		
BITES NAILS	NO	NO		
CLEANLINESS				
FAMILY HISTORY OF TUBERCULOSIS				
EXPOSURE TO TUBERCULOSIS				
COUGH				
FATIGUE				

PHYSICAL EXAMINATION

SCHOOL	GRADE	DATE	AGE	HEIGHT	WEIGHT	VISION		HEARING		TEETH	
						RIGHT	LEFT	RIGHT	LEFT	TEMPORARY	PERMANENT
m. B. T.	3 B	12-21-43	9								
Talbert Jackson											
	6	1/25/47	9	55	65 1/2	20	20				
		11/6/48	9	55	65	20	20				
			10	58	78	20	20				
				59	88						
			11	58	91	20	20				
			11	61 1/2	103	20	20				
			12	62	102	20	20				
			14	65	109	20	20	0	0		
			15	69 3/4	116	20	20	0	0		
NUTRITION	0	0									
POSTURE	B	B									
SKIN & SCALP	0	0									
EYE DISEASE	0	low.									
EARS	0	0									
GLANDS	2	0									
HEART	0	0									
LUNGS	0	0									
TEETH (TEMP)	0 <sup>c</sup>										
TEETH (PERM)		001									
TONSILS	0	0									
NOSE	0	0									
ORTHOPEDIC	0	2 P.P.									
DEVELOPMENT											
APEX											
APPEARANCE						NOTE					
THORAX-SHAPE						DATE					
LIMITATION											
ABDOMEN											
BLOOD PRESSURE											
PARENTS PRESENT	yes	no									
EXAMINER	H. Mores Simonis										

CODE 0 NORMAL; 1, WATCH; 2, CORRECTION NEEDED; 3, IMMEDIATE ATTENTION; FOR CORRECTION ENCIRCLE CODE ITEM ③

# KENTUCKY SCHOOL HEALTH RECORD

Form H-4  
6/1/48  
Duplicate

Central High SCHOOL

I. NAME <u>Thompson, Winston Adams</u>	Date Record Opened
Address <u>29 College St.</u>	Date Record Closed
Date of Birth <u>1934 - 3 - 10</u>	Sex: <u>M</u> Color: <u>WC</u> Reason Closed

II. PARENTS	Name	Living	Dead	Date	Further NOTES on Family History, Medical History, Clinical Record, Health Habits, etc.:
Father	<u>J. W. Thompson</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mother	<u>Brother Moore</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Family Physician					
Family Dentist					

III. DISEASES	Date	DISEASES	Date
Diphtheria		Colds	
Measles		Convulsions	
Mumps		Earaches	
Poliomyelitis		Pneumonia	
Scarlet Fever		Rheumatism	
Smallpox		Accidents	
Whooping Cough		Operations	

IV. IMMUNITY STATUS	Date	Date	Date	Date	Date	Date	Date	Date	Date
Diphtheria									
Whooping Cough									
Typhoid									
Tetanus									
						Smallpox	<input checked="" type="checkbox"/>	1957	
						Tuberculin			
						Other			
						X-ray		1957	1953

V. MEASUREMENTS & TESTS									
Date	Height	Weight	Vision	Vision (with Glasses)	Hearing				
			R	L	R				
			L	L	L				
			R	R	R				
			L	L	L				

VI. PHYSICAL EXAMINATION								
School & Grade	Age	Date of Examination	Parent Present	Examiner	Code	Note	Code	Note
<u>Central - 10A-1</u>	<u>16</u>	<u>3-1-51</u>	<u>NO</u>	<u>Dr. H. Marie</u>				
Posture	0							
Nutrition	0							
Scalp	0							
Eyes	0							
Ears	0							
Nose	0							
Mouth & Gums	0							
Teeth - Temporary	0							
Permanent	0							
Throat & Tonsils	0							
Lymph Nodes	0							
Thyroid	0							
Skin	1	<u>Acne.</u>						
Heart	0							
Lungs	0							
Abdomen	0							
Orthopedic	0	<u>FF</u>						
Nervous System	0							

VII. CODE: 0 - satisfactory; (1) slightly, (2) moderately, (3) markedly unsatisfactory; x - needs attention, 00 - correction of defect.

