**Prevention examination card**

**Name**: …………………………

**Surname**: …………………….

**Date of birth**:……………….

**Sex**: …………………………….

**Class**: ………………………….

1. **Parents information about child**

**Deasese, injuries, operations during last 3 years**:

|  |  |
| --- | --- |
| Age | Description |
|  |  |
|  |  |

**Health problems in child’s family**: ………………………………………………………………………………..

**Health and anti-health behawior in child’s family**: ………………………………………………………

**Child is**:

Alergic: YES / NO on ………………………..…………..

alergy symptoms …………………………………………

Using eyeglasses: YES / NO

Braces: YES / NO

Plantar: YES / NO

Takes medicines: YES / NO medicines: …………

Under the care of specialist clinic: YES / NO specialist clinic: ……………………….

**Aliments and symptoms, during last 12 months**: frequent: headache, abdominal pain, diarrhea, constipation, lack of appetite, excessive appetite, discomfort during urination, bedwetting, attacks of breathlessness, long-lasting cough, long-lasting rhinitis, seizures, fainting, sleep disturbances, tics, stutter, others – which ……………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………..

**Are parents concerned abouit child’s behawior**: ……………………………………………………………………………

………………………………………………………………………………………………………………………………………………………..

Date: ………………… Parents signature………………………………………………………………….

1. **Teacher information about child**

**Speech**: correct/uncorrect – which……………………………………………………………..

**Phisical fitness**: above average, average, under average …………………………….

**Talents**: ………………………………………………………………………………………………………

**Behavior**: proper / unpropper

**School results**: very good/good/average/under average

**School absences**: under average/average/above average

**School difficulties**: occur/ don’t occur – which…………………………………………………………………

**Relations with other students**: correct/uncorrect – which……………………………………………….

**Other comments**: …………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………..

Date: ………………………………. Teacher signature: …………………………………………………….

1. **Nurse information about child**

**Height**:……………………. Cm ……………………. Percentile

**Weight**: ………………………………… kg

**BMI**: …………………………………. Kg/m2 ……………………. Percentile

**Eyesight**: Visual acuity: without glasses/ with glasses: left eye: …………….. right eye: ………………

**Other disfunctions**: ………………………………………………………………………………………………………………….

**Hearing**: whisper test, audiometric: correct / incorrect

**Chest**: correct, scoliosis, lateral curvative of the spine, excessive kyphosis

**Blood pressure**: ……………………mmHg

**Other comments**: …………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………..

1. **Medical examination**

**Physical development**: correct, short stature, obesity, low body mass, other deviations ……………

…………………………………………………………………………………………………………………………………………………….

**Pubesence in Tanner scale**: ……………………………………………………………………………………………….

**Menarche age**: ……………..y ………m, **Menustral course**: ……………………………………………………..

**Psychosocial development**: correct / incorrect

**Chest**: correct, scoliosis, lateral curvative of the spine, excessive kyphosis

**Other deviation**s ……………………………………………………………………………………………………………….

**Thyroid**: correct, goiter, other abnormalities: ……………………………………………………………………

**Mouth**: ………………………………………………………………………………………………………………………………

**Skin**: …………………………………………………………………………………………………………………………………..

**Other systems**: correct, incorrect……………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………

**Problem/diagnosis**: ……………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………

**P.E. group**: A As B Bk C Cl – Recommendations ………………………………………………………………….

**May participate in the sport competitions**: YES / NO

**Restrictions on the choise of profession**: YES / NO which …………………………………………………

…………………………………………………………………………………………………………………………………………..

**Recomendations** ……………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………..

Date …………………………… Doctor signature ………………………………………………………..