

## Medical Card Report

13-High School 13

Student Id	Name	Gender	Grade	DOB	Status	Counselor
13012	Brookheimer,Melody Lee	F	12	5/1/1988	A	13CO70

**Dental Exam Date   Grade   Location   Status**

3/3/2004      12      N      N

3/18/2004      12      O      N

**Growth Exam Date   Grade   Location   Height   % Height   Height   % Height**

3/3/2004      12      G

**Hearing Test Date   Grade   Location   Right Ear   Left Ear**

3/3/2004      12      N      N      N

3/18/2004      12      G      N      N

**Pressure**

**Physical Test Date   Grade   Location   Pulse   Sys / Dia   Athletic Status**

3/3/2004      12      G      /      /      N

**Test Type   Test Result**

ABD      N

DERM      N

EARS      N

EMOT      N

EYES      N

GEN      N

GLAND      N

HEART      N

LUNGS      N

NM      N

NT      N

NUTR      N

SCOL      N

SKEL      N

TEETH      N

### Medical Card Report

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3/18/2004      12      G      /      N

**Test Type    Test Result**

ABD      N  
 DERM    N  
 EARS    N  
 EMOT    N  
 EYES    N  
 GEN     N  
 GLAND   N  
 HEART   N  
 LUNGS   N  
 NM      N  
 NT      N  
 NUTR    N  
 SCOL    N  
 SKEL    N  
 TEETH   N

**Scoliosis Exam Date   Grade   Location   Status**

3/3/2004      12      N      N  
 3/18/2004      12      G      N

**Vision Test Date   Grade   Location   Lens   Right Eye   Left Eye   Color Blind   Plus Lens   Binoc**

3/3/2004      12      N           N      N      N      N      N  
 3/18/2004      12      O           N      N      N      N      N

**Blood Pressure**

**Office Visit Date In      Date Out      Sys / Dia   Pulse   Temp   Res   Initial   Comment**

3/16/2004 1:00:00 PM           /                                    Did not want to rest in office -  
 choose to go back to class

**Reason      Treatment**

I      BD

## Medical Card Report

13-High School 13

### Codes Legend

<b>Location :</b>	<b><u>Code</u></b>	<b><u>Description</u></b>
	G	Gym
	N	Nurses' Office
	O	Off-campus
<b>Status :</b>	<b><u>Code</u></b>	<b><u>Description</u></b>
	A	Abnormal
	N	Normal
<b>Follow Up :</b>	<b><u>Code</u></b>	<b><u>Description</u></b>
	R	Refused
	SP	Specialist
<b>Reference :</b>	<b><u>Code</u></b>	<b><u>Description</u></b>
	H	Hospital
	O	Other
	P	Physician
	S	Specialist
<b>Treatment :</b>	<b><u>Code</u></b>	<b><u>Description</u></b>
	BD	Bandage
	M	Meds
	R	Rest
	SH	Sent Home
	TM	Temperature
<b>Visit :</b>	<b><u>Code</u></b>	<b><u>Description</u></b>
	I	Injury
	M	Meds
	O	Other
	S	Sick
<b>Rx :</b>	<b><u>Code</u></b>	<b><u>Description</u></b>
	AB	Albuterol
	AP	Aspirin

## Medical Card Report

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13-High School 13

AS	Asthma Inhaler
RT	Ritalin
TY	Tylenol

## Daily Log Report

13-High School 13

Student Id	Name	Date
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13002 Nelson,Caleb 3/18/2004

<u>In</u>	<u>Out</u>	<u>Room</u>	<u>Pressure</u>	<u>Puls</u>	<u>Temp</u>	<u>Res</u>	<u>Init</u>	<u>Comments</u>
3/18/2004 2:54:00 PM		-	/					
<u>#</u>	<u>Reason</u>	<u>Reason Description</u>	<u>Treatment</u>	<u>Treatment Description</u>				
1	S	Sick	R	Rest				

Student Id	Name	Date
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13011 White,Molly 3/20/2004

<u>In</u>	<u>Out</u>	<u>Room</u>	<u>Pressure</u>	<u>Puls</u>	<u>Temp</u>	<u>Res</u>	<u>Init</u>	<u>Comments</u>
3/20/2004 2:55:00 PM		-	/					
<u>#</u>	<u>Reason</u>	<u>Reason Description</u>	<u>Treatment</u>	<u>Treatment Description</u>				
1	O	Other	TM	Temperature				

Student Id	Name	Date
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13012 Brookheimer,Melody Lee 3/16/2004

<u>In</u>	<u>Out</u>	<u>Room</u>	<u>Pressure</u>	<u>Puls</u>	<u>Temp</u>	<u>Res</u>	<u>Init</u>	<u>Comments</u>
3/16/2004 1:00:00 PM		-	/					Did not want to rest in office - choose to go back to class
<u>#</u>	<u>Reason</u>	<u>Reason Description</u>	<u>Treatment</u>	<u>Treatment Description</u>				
1	I	Injury	BD	Bandage				

Student Id	Name	Date
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13017 Hertz,Nathan 3/1/2004

<u>In</u>	<u>Out</u>	<u>Room</u>	<u>Pressure</u>	<u>Puls</u>	<u>Temp</u>	<u>Res</u>	<u>Init</u>	<u>Comments</u>
3/1/2004 10:00:00 AM	3/1/2004 12:00:00 PM	-	/					
<u>#</u>	<u>Reason</u>	<u>Reason Description</u>	<u>Treatment</u>	<u>Treatment Description</u>				
1	S	Sick	R	Rest				