SCHOOL HEALTH SERVICES

A Report

of the

JOINT STATE GOVERNMENT COMMISSION

to the

GENERAL ASSEMBLY

of the

COMMONWEALTH OF PENNSYLVANIA

SESSION OF 1955

The Joint State Government Commission was created by Act of 1937, July 1, P. L. 2460, as amended 1939, June 26, P. L. 1084; 1943, March 8, P. L. 13, as a continuing agency for the development of facts and recommendations on all phases of government for the use of the General Assembly.

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LETTER OF TRANSMITTAL

To the Members of the General Assembly of the Commonwealth of Pennsylvania:

The study of school health services was undertaken by the Joint State Government Commission as a part of the continuing study of the public schools of the Commonwealth directed by the General Assembly in House Concurrent Resolution No. 79, Session of 1953.

The continuing study of the public schools is being carried on under the general supervision of the Commission's Executive Committee. Under authority of Act of 1943, March 8, P. L. 13, Section 1, the Commission appointed a special subcommittee to review the school health program. Cognizant of the need for professional advice on the medical aspects of the program, the Commission also enlisted the cooperation of a distinguished group of Pennsylvania physicians, who served as a Medical Advisory Panel. On behalf of the Commission, the cooperation of the members of the special subcommittee and the Medical Advisory Panel is gratefully acknowledged.

All statements pertaining to medical practice and medical opinion were developed by the Medical Advisory Panel.

BAKER ROYER, *Chairman*

Joint State Government Commission
Capitol Building
Harrisburg, Pennsylvania

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SUMMARY OF FINDINGS

I. The Commonwealth, through the Department of Health, makes available a variety of child health services that include both diagnosis of ailments and their treatment. The Commonwealth maintains a children's wing at the Mont Alto Sanatorium for the tubercular, operates (with federal support) clinics for crippled children in various parts of the state, operates the Crippled Children's Hospital at Elizabethtown and rheumatic fever clinics for children throughout the state, and maintains a Cleft Palate Division. In addition, children are provided care and treatment in the Commonwealth general and mental hospitals, which are under the supervision of the Department of Welfare.

II. The most costly health program for children in the Commonwealth is the school health program, administered by the state departments of Health, Public Instruction, and Public Assistance and local school districts. Under the program, biennial medical and dental examinations are made available to all pupils in public and private schools as well as to the employes of these institutions.

A. Load and cost of the program: School year 1952-53:

1. Medical examinations were given to 959,336 pupils enrolled in public and private schools.

2. Dental examinations were given to 922,894 pupils.

3. Commonwealth expenditures by category were as follows:

Medical examinations	$1,473,000
Dental examinations	629,500
School nursing service	2,034,500
State nurses	140,000
Laboratory, clerical, etc.	238,800
	$4,515,800
School medical assistance program (September, 1952, to August, 1953)	$95,000

4. Local school district costs in connection with the services enumerated are estimated at $3,000,000.

B. With respect to the effectiveness of the present school health program, the following shortcomings stand out:

1. The present program places undue emphasis on a periodic, regularly scheduled medical examination. These examinations do not provide an adequate or economic health inventory because:

a. The periodicity of examination is too rigidly prescribed to take into account variations in health needs among children.

b. Searching for defects of low correction value consumes a disproportionate fraction of the examination time.

c. No use is made of such significant information as that provided by an appropriate medical history, attendance records, and records of development and scholastic achievement.

d. Examination procedure does not permit the most economic division of labor among physicians, nurses, and technicians.

2. The program places undue emphasis upon diagnosis, and the level of corrections is low, partially due to inadequate follow-up.

3. The program calls for biennial dental examinations, though it is known that approximately nine out of every ten pupils have dental defects. Hence, the program involves the expenditure of funds to re-establish a known fact. Any educational purpose the dental program may serve could be achieved in a less costly manner.

C. The reporting system for the school health program lacks uniformity and internal consistency and fails to provide data necessary for computation of significant correction rates by defects. Such rates are essential to a thorough evaluation of the program.

III. The provisions of the School Code relating to biennial medical and dental examinations (Article XIV, Sections 1401 to 1413, inclusive) and other provisions of the code relating to health (Sections 1421 to 1438, inclusive) have resulted in a school health program which is neither functionally nor administratively integrated. For example, the biennial medical and dental examinations are given under the supervision of the Department of Health, but the sight and hearing tests are under the administrative jurisdiction of the Department of Public Instruction.

Section 1422 of the School Code provides: "Medical examiners of the several school districts shall make sight and hearing tests of the pupils . . . *at least once in each school year.* [Emphasis supplied.] Such tests for hearing shall be made with audiometers or with other scientific devices, approved and provided by the Department of Public Instruction. The Department of Public Instruction shall prescribe to . . . medical examiners . . . suitable rules of instructions as to the tests and examinations to be made . . ."

According to the records of the Department of Public Instruction, 710,583 children were given audiometric examinations during the school year 1953-54. In that year, there were 1,642,369 pupils in average daily membership in the public schools. In other words, 57 percent of the pupils in the public schools were *not given* the hearing test.

RECOMMENDATION

It is recommended that the Commonwealth establish an integrated school health program under the administrative supervision of the Secretary of Health, with adequate supervisory personnel at the local level.

I. With respect to *pupils,* the health program should provide for a continuing health inventory of every school child.

Scheduled Health Appraisal.—A complete appraisal of the child's health should be made at three times—upon his entry into the school system and at about the time he attains age eleven and age fifteen. These scheduled health appraisals should be based upon information derived from:

1. An appropriate health questionnaire.
2. A thorough physical examination.
3. Specified tests and measurements.
4. Attendance and achievement records.

Tests and Measurements.—The following tests and measurements should be given each child at the stated intervals:

1. A vision test, given annually by a nurse, technician, or teacher.
2. A hearing test, employing an audiometer, given at least once every two years by a nurse, technician, or teacher.
3. Measurement of height and weight at least once annually by either a nurse or a teacher.
4. A chest X-ray, given by a medical technician, at approximately age fourteen.

The results of these tests and measurements should be available to the examining physician at the time of the scheduled physical examination.

Interim Health Appraisal.—Provision should be made for interim health appraisal in the periods between regularly scheduled health appraisals, consisting of the above enumerated tests and measurements; nurse or teacher observation of the child's physical and mental condition, attendance, and achievement records; and, when warranted, special physical examination and associated laboratory tests, which may be authorized by the nurse or physician.

Dental Examination.—A dental examination should be given to the child upon entrance into the school system, provided he has not had a dental inspection within the previous four months.

Private Examinations.—Any medical or dental examination, given by a licensed practitioner, made within a period of four months prior to the date of the regularly offered school examination, reported on authorized forms, and paid for at private expense, should be admissible in place of the school examination.

Parental Responsibility.—Parents should be urged to be present at the physical examinations and encouraged to inform school authorities within a reasonable period of time as to the steps, if any, taken to correct any defect found in the course of the medical examination.

II. With respect to *school personnel,* the health program should provide for:

A. A comprehensive pre-employment examination.

B. Biennial chest X-rays provided by the school district.

III. With respect to *health personnel:*

A. It should be made mandatory upon *all* school districts to employ—singly or jointly with other districts—school nurses.

B. Medical examiners should be compensated on the basis of time spent in performing health duties.

C. Medical examiners should be relieved of their duties with regard to sanitary inspection, which should be performed by qualified sanitarians.

IV. With respect to *financing:*

A. The current arrangement between the Commonwealth and school districts for financing nursing service should be retained.

B. Commonwealth reimbursement with respect to costs incurred in furnishing other services under the program should be made available to local districts on a per-pupil (in average daily membership) basis.

V. With respect to *records and forms:* To facilitate constant re-evaluation of the entire health program, all records and forms should provide for:

A. Clearly defined, unambiguous terms.

B. A consistent defect classification on all forms used.

C. A defect classification which segregates defects according to degree of severity.

D. Paired defects and corrections for identical groups and specified time periods.

E. A means of distinguishing between:

1. Newly discovered defects and those present in a prior examination.
2. Corrections which follow treatment and those which occur without treatment.

F. A means of recording noncorrections due to removal of the child from the school system and disagreement between family physician and school physician.

Part I

CHILD HEALTH SERVICES: A REVIEW

A variety of child health programs is operated within the Commonwealth. For convenience of reference, it is helpful to differentiate between Commonwealth-furnished (with or without federal aid) services and Commonwealth-mandated services. Again, in connection with mandated services, one must distinguish between services in which the Commonwealth participates on either the financial or the administrative level and services in which the Commonwealth does not so participate.

As a matter of institutional practice, services are usually combined into programs. Within a single program may be found both services mandated and financed by the Commonwealth and services mandated but not financed by the Commonwealth.

COMMONWEALTH-FURNISHED SERVICES AND FACILITIES

The Commonwealth furnishes both diagnostic and treatment services to children for tuberculosis, orthopedic conditions, congenital heart disease, mental health problems, and cleft palate, and diagnostic services for rheumatic fever and rheumatic heart.

Children constitute a small fraction of the patient population in the 98 tuberculosis clinics maintained by the Commonwealth. However, the major expenditure of the Bureau of Tuberculosis Control, Department of Health, on behalf of children is for the maintenance of the children's wing at Mont Alto Sanatorium, which is open to children from all parts of the state. In recent years, the children's wing has accommodated, on the average, 120 patients annually at an approximate annual cost to the Commonwealth of $248,000.

Children from all parts of the state except Philadelphia and Pittsburgh are eligible for diagnosis in the state clinics and treatment under the program of the Crippled Children's Division of the Department of Health. During recent years, approximately 5,350 children per year have been examined and over 2,000 per year have received treatment. The program is financed entirely from federal funds. The Commonwealth-operated-and-financed Crippled Children's Hospital at Elizabethtown, open to children from all parts of the state, has an average of 120 resident patients and an annual operating cost of approximately $625,000.

Children from all parts of the state except Philadelphia and Pittsburgh are eligible for referral to the state rheumatic fever clinics for evaluation. During the recent past, approximately 1,840 children annually have been referred to the clinics by school district personnel, hospitals, and private physicians. Total cost of the program to the Commonwealth (including some treatment for congenital heart disease) is about $94,000 annually.

Children from all parts of the Commonwealth are eligible for the services provided by the Cleft Palate Division of the Department of Health. Approximately 985 children receive these services annually, at an approximate total annual expenditure of $160,000 from Commonwealth and federal funds.

On the average, 130 children are resident patients at the State Mental Hospital in Allentown (open to children from all parts of the state); the average total annual cost to the Commonwealth for these patients is $84,000. In the federal fiscal year July 1, 1953, to June 30, 1954, ten child guidance clinics for children with emotional and behavior problems and seven guidance clinics whose patients include both children and adults were operated at a cost of $897,000. Fourteen per cent of this amount was contributed by the Commonwealth, 12 percent by the federal government, and 74 percent from municipal, county, and private funds.

In addition to children who receive care in state-aided general and children's hospitals, some 5,000 children annually receive care in the ten Commonwealth-owned-and-operated general hospitals.

All of these programs, except that providing care for children with tuberculosis and those providing *diagnostic* services to children for rheumatic fever and crippling ailments, call for an evaluation of the economic position of the parents or guardians of the children involved. In some instances, the parents or guardians assume a portion of the cost. The services are provided entirely without charge only to those children whose parents or guardians are administratively judged to be unable to afford the service.

COMMONWEALTH-MANDATED SERVICES AND FACILITIES

Numerous statutory mandates relating to health services and facilities are imposed by the Commonwealth upon the approximately 2,400 local school districts within the Commonwealth. The mandates relate to: (1) prevention of the spread of contagious disease; (2) sanitary facilities and sanitary inspection; (3) annual sight and hearing tests; (4) biennial school health examinations; and (5) nursing services.

Prevention of the Spread of Contagious Disease.—Section 1421 of the School Code provides that "every school district of the first, second, and third class shall . . . annually appoint medical examiners, whose duties shall include the vaccination of children of indigent parents, official revaccination of children having temporary vaccination certificates, physical examination of children incident to the issuance of employment certificates, as required by the provisions of the Child Labor Act, conducting routine classroom inspections incident to the control of contagious diseases, approve the return of pupils who have been absent due to a contagious disease, or suspected contagious disease. . . They shall annually make a sanitary survey of the building and grounds." In fourth class school districts,[1] the above enumerated duties, with the exception of the sanitary survey (see below), are performed by medical examiners appointed by the Secretary of Health and are paid for out of Commonwealth funds at the rate of $.75 per vaccination and $1.00 per employment examination.

Sanitary Facilities and Sanitary Inspection.—The School Code establishes standards for building construction, heating and ventilating devices, and toilet facilities of schools.[2] In addition, Section 1435 of the code provides that "The medical examiner in first, second and third class districts, shall, at least once each year . . . make a careful

[1] Pennsylvania school districts are classified as follows:
First class—population 1,500,000 or greater (In the school year 1953-54, Philadelphia, the only district in this class, had an average daily membership of 223,154)
First class A—population 500,000 but less than 1,500,000 (Pittsburgh, 1953-54 a.d.m. 69,858)
Second class—population 30,000 but less than 500,000 (1953-54 total a.d.m. 211,345)
Third class—population 5,000 but less than 30,000 (1953-54 total a.d.m. 596,860)
Fourth class—population less than 5,000 (1953-54 total a.d.m. 541,152).

[2] Sections 701, 733, 734, 739, and 740.

examination of all privies, water-closets, urinals, cellars, the water supply, and drinking vessels and utensils. . . ." In school districts of the fourth class, comparable examinations are to be made by sanitary officers appointed by the Secretary of Health.

Annual Sight and Hearing Tests.—Section 1422 of the School Code provides that "Medical examiners of the several school districts shall make sight and hearing tests of the pupils in such schools *at least once in each school year.* [Emphasis supplied.] Such tests for hearing shall be made with audiometers or with other scientific devices, approved and provided by the Department of Public Instruction, for use in the various school districts. The Department of Public Instruction shall prescribe to the board of school directors *and medical examiners of schools,* [emphasis supplied] suitable rules of instructions as to the tests and examinations to be made. . ."

Table 1 shows, for the school years 1949-50 through 1953-54, the average daily membership of the public schools and the number and percent of children who received audiometric examinations. In each of the years, less than half the pupils in average daily membership were given the hearing tests which under the law are to be given annually to all pupils.

Reports on visual screening tests are made to the Department of Public Instruction only for those pupils in fourth class school districts and third class districts under the county superintendent. Such data as are available indicate that only a fraction of the average daily membership receive the sight tests required by law to be given annually.

Table 1

NUMBER AND PERCENT OF CHILDREN GIVEN AUDIOMETRIC EXAMINATIONS IN PENNSYLVANIA SCHOOLS: SCHOOL YEARS 1949-50 THROUGH 1953-54

School Year	*Average Daily Membership* *	*Children Given Audiometric Examinations*	
		Number	*Percent of Average Daily Membership*
(1)	(2)	(3)	(4)
1949-50	1,503,988	579,321	38.5%
1950-51	1,515,858	601,238	39.7
1951-52	1,536,232	601,516	39.2
1952-53	1,572,537	643,812	40.9
1953-54	1,642,369	710,583	43.3

* Kindergarten, elementary, and secondary pupils.

SOURCE: Pennsylvania Department of Public Instruction, 1954.

Although the School Code makes it mandatory upon local school boards to provide annual hearing and vision tests, the Commonwealth makes no specific reimbursement on account of local costs incurred in connection with the giving of the tests.

Biennial School Health Examinations.—The school health examination program is administered jointly by local school districts and the state departments of Health and Public Instruction. In view of its position as a comparatively new program and the fact that it costs more on the state level than all other health programs combined, the school health examination program will be dealt with separately and in detail in Part II of this report.

Nursing Services.—In addition to assisting in the school health examinations, school nurses render certain health services to children in the interim between the regularly scheduled examinations. School nursing services are discussed in the detailed description of the contemporary school health examinations which follows.

It may be noted that the Department of Public Assistance, through the School Medical Assistance Program, provides finances for certain corrective measures.

Part II

CONTEMPORARY SCHOOL HEALTH EXAMINATIONS

The most costly child health services in the Commonwealth are the biennial medical and dental examinations and related nursing services. The School Health Act of 1945,[1] subsequently incorporated in the Public School Code of 1949,[2] which provides for the biennial medical and dental examinations, applies to all pupils in public and private schools and all professional and nonprofessional employes of these institutions.

COST OF THE PROGRAM

The General Assembly of 1953 appropriated $9,840,000 for the school health program for the biennium 1953-55.

Expenditures for the school health program, by category, for the school year 1952-53, were as follows:

Medical examinations	$1,473,000
Dental examinations	629,500
School nursing service	2,034,500
State nurses	140,000
Laboratory, clerical, etc. ...	238,800
Total	$4,515,800

Local costs incurred in connection with the examinations can only be approximated. Generally, the most important local cost item is represented by the difference between the state subsidy on account of employment of a nurse and the nurse's salary. In addition, districts of the first, second, and third classes, unlike fourth class districts, must furnish their own clerical assistance, and all districts must provide "health rooms, clinics or rooms set aside for this special purpose [medical and dental examination] that are equipped with the necessary accessories to insure privacy, adequate heat and light." (The School Code, Section 1403.) It is difficult to price the sum total of these services. However, it appears that state plus local costs of the school health program for the school year 1952-53 were approximately $7,500,000.

THE EXAMINATION PROGRAM

Biennial medical and dental examination of all pupils is required under Section 1402 of the School Code, subject to the condition imposed by Section 1404 that "The rate of medical examination shall not be in excess of four children . . . per hour. The rate of dental examinations shall not be in excess of eight children per hour." The examinations must be made by registered practitioners and are paid for by the Commonwealth at the rate of $1.50 per medical examination and $.75 per dental examination. In first, second, and third class school districts, examiners are appointed by the district authorities and payments are made by the Commonwealth to the districts, which in turn pay the examiners in accordance with such terms as may be agreed upon by the district and the examiner. In fourth class districts, medical and dental examiners are appointed by the Secretary of Health

[1] 1945, June 1, P. L. 1222.

[2] 1949, March 10, P. L. 30.

on recommendation of the district medical health officer, the district dental officer, and the county medical officer, and Commonwealth payments are made directly to the examiners.

In addition, regulations of the Department of Health provide that in fourth class districts the Secretary of Health may (through the Nursing Bureau) appoint so-called "medical assistants" to perform such clerical tasks as the completion of forms and the mailing of notices. The fee paid medical assistants is $.50 per medical examination, not to exceed four examinations per hour.

Section 1429 of the School Code provides: "Any board of school directors, or boards of school directors jointly, shall employ one or more school nurses, and shall define their duties." If a board of school directors employs a nurse, she must be paid at least the minimum compensation established for professional employes by the School Code. A district employing a nurse is reimbursed by the Commonwealth on an equalization basis—that is, a school district employing a nurse for 1,500 or more pupils is entitled to Commonwealth reimbursement calculated by multiplying the statutory equalization level by the district's standard reimbursement fraction. In the event that a nurse is employed for less than 1,500 pupils, the product so obtained is multiplied by the ratio: number of pupils under the nurse's care divided by 1,500. In other words, the extent of Commonwealth reimbursement depends upon the relationship between a district's need for services and its capacity to pay for such services.

Generally, a school district which does not employ a nurse so informs the county superintendent, who in turn advises the Nursing Bureau of the Department of Health, which assigns a state nurse to furnish services that in other districts are performed by district employes. In the School District of Pittsburgh, nurses employed by the municipality provide most of the nursing services in connection with school health examinations.

It is the task of the physicians, dentists, nurses, and so-called "medical assistants" to examine pupils and school personnel biennially and record the results of the examinations. Both pupils and school employes, under authority of Section 1409 of the School Code, may elect to have the examination performed by examiners of their own choice and at their own expense.

The statute does not detail the objectives to be attained by the mandated biennial examinations. The law merely states that the examinations shall be complete and "shall include X-rays and such other examinations that may be deemed necessary by the medical or dental examiners." (Section 1403.) Further, the law states: "In making examinations and advising the parent and family physician the medical examiners shall give special attention to symptoms of rheumatic fever and all other diseases of childhood." (Section 1406.)

However, Section 1407, though it relates to the keeping of permanent records, suggests broad objectives and indicates the scope of the examinations as follows:

> It is the intent and legislative purpose of this subdivision of this article that a complete and permanent medical and dental record be established and maintained *in order to assist in building sound minds and healthy bodies for the youth of Pennsylvania.* [Emphasis supplied.] The records established hereunder may, among others, include a record of tuberculosis, blood analysis, urinalysis and necessary X-rays, and such other records as the Department of Health in conjunction with the Advisory Health Board may deem necessary.

EVALUATION OF THE EXAMINATION PROGRAM [3]

Biennial school health examinations have been given in Pennsylvania since 1946. Examination of the records, defective as they are, suggests strongly that, by and large, the program has not been effective. Generally speaking, no systematic attempt has been made to search for the symptoms of rheumatic fever; X-rays and other tests authorized by the School Code apparently have not been utilized to the extent warranted. The routine medical and dental examinations have been overemphasized. And, the medical examinations and associated tests that have been given provide a less effective periodic health inventory than can be provided at the same cost.

It is the judgment of the Medical Advisory Panel that routine biennial physical examinations are not warranted in a well-rounded school health program. If a portion of the funds now devoted to biennial examinations were spent in other ways, the health level of the school population would be materially improved.

In addition to the fact that the routine physical examination has been offered too frequently, the examination and associated tests are not efficient. Among the elements making for inefficiency are an inadequate medical history, obsolete diagnostic techniques, and uneconomic division of labor among physicians, nurses, and technicians.

The medical history which parents are now asked to complete is essentially a check list of various ailments that the child or his parents might have had. The medical terminology used is likely to be unfamiliar to the parents and the information provided by such a check list—even if appropriately completed—is of less value than is other information that might be obtained. It is the judgment of the Medical Advisory Panel that a medical history can be devised that will be useful in detecting a number of different ailments including allergies, epilepsy, diabetes, infected tonsils, rheumatic fever, mental illness, and orthopedic defects.[4]

Present administrative regulations require the physician to obtain certain facts in the examination that could as effectively be obtained by nurses or technicians at less cost.

In addition, the list of defects for which an inspection is made includes some that are either incurable or have low values associated with their cures and does not include some that can be detected by a screening examination and that have relatively high values associated with their correction.

With respect to the dental examinations, it may be noted that practitioners have pointed out from time to time that the incidence of dental decay among school children is high. For example, testifying before the President's Commission on the Health Needs of the Nation in 1952, Dr. Max Seham, a pediatrician of Minneapolis, Minnesota, observed: "Dental decay, as you have heard from Dr. Jordan [Dr. W. A. Jordan, chairman of the Dental Health Education Committee of the Minnesota State Dental Association], is another major health problem. It is estimated that the rate of development of cavities is five times as great as the number filled. Between 75 and 90 percent of all school children have dental

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[3] It is not to be inferred that those features of the examinations and related services not discussed in this evaluation necessarily reflect best contemporary medical practices.

[4] Such a history has been developed for adults by Cornell University Medical College under a contract, recommended by the National Research Council, between the Veterans Administration and Cornell University. As regards the efficiency of this questionnaire, it is reported that "The interpreters of the CMI [Cornell Medical Index] identified almost all (94 percent) of the diagnostic categories in which disease was found in hospital investigation. In addition, physicians could often infer (in 87 percent of these categories) what specific diseases were present." (See *Cornell Medical Index Health Questionnaire Manual,* Revised 1953, [New York City: Cornell University Medical College], p. 5.)

defects and caries." [5] Again, in 1951, the U. S. Department of Health, Education, and Welfare noted: "Over 95 percent of school-age children are affected with dental caries." [6]

In view of the fact that about nine out of every ten school children apparently suffer from dental defects, it appears to be a waste of resources to re-establish this fact by examining every pupil biennially at an expense to the taxpayer of approximately $600,000 per year. What is needed is not re-establishment of a known fact, but a method of getting pupils to the dentist for treatment.

SCHOOL HEALTH REPORTING

Evaluation of any program is difficult, if not impossible, unless consistent, meaningful reports are produced as part of the program.

The detailed school health records and reports maintained by the districts or filed with the Commonwealth are prescribed or approved by the Department of Health and the Department of Public Instruction. The records prepared in fourth class districts differ somewhat from those prepared in third, second, and first class districts.

Fourth Class School Districts.—In addition to such optional forms as may be prepared for local use, three mandatory forms are prepared in fourth class districts:

1. An individual Pupil's Health Record (Exhibit A),[7] which shows a pupil's height, weight, medical history, immunizations and tests, and defects discovered in consequence of examination
2. A Weekly Progress Report (Exhibit B), which is compiled from the pupil's health record forms and forwarded to the School Division of the state Department of Health; the weekly reports, in turn, are used by the state office to compile an annual summary of findings from examinations in fourth class school districts (Exhibit C)
3. A School Nurse Annual Service Report (Exhibit D), which is forwarded to the Department of Public Instruction. In school districts which do not employ nurses, a Field Nurse's Monthly Report (Exhibit E) is completed by a state nurse and filed with the Department of Health.

Third, Second, and First Class School Districts.—These districts generally utilize the forms described above, but submit to the state office (in lieu of the weekly progress report, which is used in these districts only on the local level) the Annual Report of Medical Examinations (Exhibit C).

A few districts, including Philadelphia, use a pupil health record form which differs somewhat from the state form.

Because Philadelphia employs a defect classification which cannot be readily converted to the state classification, the annual summary submitted by Philadelphia is less complete than those prepared for other school districts.

[5] *The People Speak—Excerpts from Regional Public Hearings on Health (Building America's Health,* A Report to the President by the President's Commission on the Health Needs of the Nation, Vol. V [Washington, D. C.]), p. 133.

[6] *Better Health for School-Age Children* (Washington, D. C.: U. S. Department of Health, Education, and Welfare, Children's Bureau, 1951).

[7] The exhibits will be found at the end of the report.

EVALUATION OF THE REPORTING SYSTEM

The purpose of records and reports on the school health examinations is to provide information that can be of use to a policy-making or administrative body such as the General Assembly, the Department of Health, or the local school district. If the facts that are collected are not to be used by some policy-making or administrative body, they should not be reported. And, if facts are to be reported, their classification should be such that the most information can be obtained from them at a given cost.

Perusal of the forms shows that the contemporary reporting system fails to define terms clearly and does not employ a consistent classification among forms. For example, instruction 18 on the reverse side of Exhibit B (Weekly Progress Report) may be alternatively interpreted to mean that entries in the column marked "Def." (defects) should include all cases of remediable defects discovered in the current *and* prior examinations or to mean that only defects first discovered in the current examination should be included. Again, instruction 18 continues: "In the column marked 'Cor.' note all corrections that have been made since the last examination." Some local examiners interpret this to mean that *only* corrections of defects found in the course of school examinations are to be entered, whereas other examiners proceed on the assumption that *all* corrections, regardless of how the defects are discovered, are to be included.

The defect classification on the summary sheet is inconsistent with the classification on the weekly progress report. For example, the summary sheet lists "ear defects" and "hearing defects," while the weekly progress report does not list hearing defects separately.

Though the weekly progress report (Exhibit B) may, on first inspection, convey the impression that it pairs significant defect and correction observations, this impression proves erroneous because: (1) A correction reported at a given date may relate to a defect first discovered at the last school examination, at some prior school examination, or by a private physician since the last school examination; (2) the membership of the groups examined at successive biennial examinations does not remain constant because of acceleration, retardation, migration, or death.

In addition, there is serious doubt regarding the comparability of annual summary reports prepared by the Department of Health from the weekly progress reports of fourth class districts and annual summary reports prepared by third, second, and first class districts, because the latter districts are given no instructions for preparing the annual summary form and there is no assurance that the methods employed in summarizing the data are uniform among the districts or comparable to the methods used in the state office.

RELATIONSHIP BETWEEN REMEDIABLE DEFECTS AND CORRECTIONS: AN ILLUSTRATION

During the school year 1952-53, medical examinations were given 959,336 pupils enrolled in public and private schools. Of this total, 330,383 were reported to have remediable defects.

In view of the deficiencies of the reporting system currently used in connection with school health examinations, no significant relationship can be established for the state as a whole between discoveries and corrections of given types of remediable defects. However, an attempt has been made to establish such relationships for the School District of Philadelphia. Though the School District of Philadelphia accounts for 15 percent of the total public school enrollment in

the Commonwealth, the relationships which obtain between the discovery of remediable defects and the corresponding correction rates may not be typical for Pennsylvania as a whole.

Table 2 shows the number of defects, by defect class, found present by the medical examiners in the public schools of Philadelphia during the school year 1951-52 and the percentages of these defects reported treated or untreated for specified reasons during the period 1951-52 through 1953-54.

The table should be read as follows: Of the 12,503 remediable defects of the eye reported in 1951-52, 36.10 percent were reported treated during that school year, 25.58 percent during the succeeding year, and 8.13 percent during 1953-54. In .38 percent of the eye-defect cases, the child's physician considered the defect incurable and in 11.16 percent the attending physician otherwise disagreed with the diagnosis or felt immediate treatment was undesirable; 2.11 percent of the defects were associated with children who either died or left the Philadelphia public schools; and in 2.10 percent of the cases, defects were not treated but were not found present at a later examination. As of June, 1954, the residual 14.44 percent of eye defects remained without benefit of treatment. Comparable information for other types of defects is presented in the other rows of the table.

The frequency with which treatment followed discovery of defects varied widely among types of defects. For example, 69.81 percent of the eye defects reported during the school year 1951-52 had been treated in that and the two succeeding school years, whereas, of the hernias reported in 1951-52, only 20.17 percent were treated during the same period. Again, examination of column 8 shows that in 4.39 percent of all cases the attending physician felt immediate treatment was undesirable or otherwise disagreed with the diagnosis. The frequency of such disagreement varied among defects, ranging from .27 percent of nutritional defects to 36.17 percent of chest defects.

COMMONWEALTH FINANCIAL AID TO CHILDREN REQUIRING DIAGNOSIS OR CLINICAL TREATMENT

Section 1406 of the School Code directs that "Recommendations as to medical, surgical or dental care shall be sent to each parent or guardian, as the case may be, on forms prepared by the Department of Health with instructions to consult the family physician or dentist."

When the parents of a child are unable to provide recommended treatment and the institutional care or special services outlined in Part I of this report are not applicable, payments under the School Medical Assistance Program may be made if the eligibility requirements of the Department of Public Assistance relating to the economic position of the child's family are met. While the evaluation of economic position in connection with eligibility for the special services of the Department of Health is flexible and involves the application of considerable administrative discretion, the Department of Public Assistance determines eligibility by reference to fixed standards relating to property holdings, income, and cost of medical services involved.

Table 2

REMEDIAL DEFECTS FOUND PRESENT AMONG PHILADELPHIA PUBLIC SCHOOL CHILDREN IN THE SCHOOL YEAR 1951-52: NUMBER, TREATMENT RATES FOR SCHOOL YEARS 1951-52, 1952-53, AND 1953-54, AND PERCENTS NOT TREATED, BY TYPE OF DEFECT

Defect Classification	*Remediable Defects Reported 1951-52*		*Treated During*			*Differing Diagnosis by Attending Physician*		*Associated with Children Who Left Philadelphia Public Schools*	*Not Treated but not Found Present in Later Examination*	*Residual not Treated as of June, 1954*
	Number	*Percent*	*1951-52*	*1952-53*	*1953-54*	*Considered Defect Incurable*	*Considered Immediate Treatment Undesirable, or Otherwise Diagreed with Diagnosis*			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
TOTAL	74,940	100.00%	13.10%	16.64%	11.80%	.18%	4.39%	13.75%	3.51%	36.63%
Eye	12,503	100.00	36.10	25.58	8.13	.38	11.16	2.11	2.10	14.44
Nose and throat	11,810	100.00	10.86	12.02	10.91	.17	7.48	18.75	9.53	30.28
Ear	1,485	100.00	21.08	22.76	9.97	2.22	7.27	11.72	1.68	23.30
Skin	3,662	100.00	13.00	23.05	14.91	.05	.52	18.51	1.09	28.87
Nodes	1,059	100.00	6.23	21.91	15.68	..	2.45	10.48	6.42	36.83
Chest	810	100.00	12.84	6.91	7.04	.37	36.17	14.32	2.59	19.76
Orthopedic ...	13,716	100.00	11.26	17.30	15.18	.14	1.26	17.84	3.58	33.44
Nutrition	21,994	100.00	4.93	14.02	11.48	.01	.27	15.16	.41	53.72
Nervous	385	100.00	3.90	18.44	24.42	..	1.56	17.14	8.31	26.23
Hernia	1,140	100.00	4.91	7.98	7.28	.09	6.93	10.18	9.74	52.89
Defective speech, thyroid, and other	6,376	100.00	5.76	11.98	13.13	.08	3.92	12.29	5.63	47.21

SOURCE: Unpublished data furnished by the School District of Philadelphia.

The number of children aided and the amount paid by the Department of Public Assistance during the biennium 1949-51 (the latest for which detailed figures are available), classified by type of defect, are shown below.

Average payments ranged from $10.47 for eye conditions to $82.28 for herniotomy, with an over-all average per child treated of $23.91. Though breakdowns of the total figure for biennia since 1949-51 are not available, it should be noted that the total cost for the biennium 1951-53 was $188,258.

	Number of Children	*Expenditures*
Biennium Total ... (1949-51)	13,263	$317,153.15
Tonsils and adenoids	5,971	176,131.15
Dental	1,727	43,229.17
Eye care—glasses, etc.	6,778	70,978.49
Circumcision	376	9,622.82
Herniotomy	134	11,025.56
All other	109	6,165.96

Part III

A NEW APPROACH TO THE SCHOOL HEALTH PROBLEM

The purposes of a school health program should include the improvement of the health level of children of school age and the establishment of habits that will tend to produce a higher level of physical and mental well-being for the pupil during and after his school life.

Though, generally speaking, "health" is an elusive term, changes in health level of the school population can be approximated—provided adequate and accurate records are kept—in terms of frequency and severity of illness, rates of physical development, and levels of scholastic achievement.

If the resources devoted to a health program are to be efficiently utilized, the program must be developed in full recognition of the following facts: (1) Over the years the healing arts have undergone considerable specialization. That is to say, the tasks formerly performed by the physician alone are now performed by physicians with the cooperation of nurses and specialized technicians, with the aid of specialized equipment, and by reference to continually developing diagnostic and clinical techniques. (2) The incidence of some diseases varies with age, and enough is known about the association to specify the approximate age at which a given disease is most likely to occur. (3) The values commonly associated with the correction of defects show marked variations. It is generally agreed, for example, that the correction of a remediable heart defect is more essential than correction of minor skin blemishes. (4) Remediable defects occur in different combinations in different individuals. (5) Some defects, once discovered, need not be looked for again.

The functional specialization in the healing arts is accompanied by differentiation in the compensation commonly received by different specialists. For example, ordinarily the compensation of a nurse is less than that of a physician. Hence, if resources are to be conserved, anything that can be done competently by a nurse should be done by a nurse. Similarly, the compensation of a dental hygienist is commonly less than that of a dentist. Hence, whatever can be done competently by a dental hygienist should be done by a hygienist. Further, it is uneconomical to have a physician perform tasks which can be performed with equal competency and less expensively by medical technicians.

Modern diagnostic methods are not confined to physical examination by physicians and dentists, but employ such devices as chemical examination of blood and urine, X-rays of critical organs, mechanical hearing and vision tests, height and weight measurements, and medical histories.

Generally speaking, at a given time and at given prices, health personnel, equipment, and techniques should be combined in such a manner as to bring about the greatest improvement in health for a given expenditure.

Because of the different rates at which discoverable defects occur at various ages and the values associated with the correction of different defects, and of the same defect at different stages, it is uneconomical to examine for all defects at identical, fixed time intervals. For example, changes in vision may occur relatively rapidly among children of school age. Furthermore, impaired vision is a major deterrent to the educational and personality development of the child. Consequently, vision tests should be made more frequently than, say, inspections for flat feet—a defect which changes rather slowly over time and which may not have a high correction value.

AN EFFICIENT PATTERN OF HEALTH APPRAISALS FOR PUPILS

The precise content of the medical appraisal should depend upon the health requirements of the child, taken in conjunction with available resources. The major components of the health appraisal are: (1) the physical examination, (2) the medical history, (3) specified tests and measurements, and (4) attendance and achievement records. Each component should be constructed to permit evaluation of the following major characteristics of the child: (1) his development, (2) his physical condition, (3) his mental and emotional status and family adjustment, and (4) his speech. Detailed procedures for evaluating these characteristics—insofar as they can be specified—should be administratively determined by the Commonwealth's Department of Health.

Medical and Dental Examinations.—The Medical Advisory Panel recommends that an adequate school health program for Pennsylvania at the present time include three scheduled medical examinations and one scheduled dental examination during the school life of a child. The scheduled medical examinations should be given on entry into the school system—that is, typically, at age six—and again at approximately ages eleven and fifteen. The dental examination should be given only on entry of the pupil into the system and only to those children who have not been examined by a dentist within a period of four months prior to entrance into the school system. The examination should serve primarily to alleviate a child's fear of exposure to dental treatment.

Records, Tests, and Measurements.—The following records for each child should be available to the physician at the time of the scheduled physical examination: (1) records of absences (duration and causes), (2) teachers' observations, (3) results of intelligence tests, (4) scholastic achievement records, and (5) the health questionnaire (completed by the parent until such time as the child is capable of meaningfully answering relevant questions).

The following tests and measurements should be made of each child at the stated intervals and the results made available to the physician at the time of the scheduled medical examination:

1. A vision test given annually by a nurse, teacher, or technician
2. A hearing test, employing an audiometer, given at least once every two years by a nurse, teacher, or technician
3. Measurement of height and weight at least once annually by a nurse or teacher
4. A chest X-ray, given by a medical technician, when the child is about 14 years of age.

Interim Examination.—A balanced health program must provide for interim examinations. The incidence of disease can be anticipated realistically for children as a group but cannot be accurately predicted for the individual child. Thus, interim examinations permit adapting the program to the needs of the individual child (with respect to both number and timing of examinations) without increasing the over-all expenditure.

It should be mandatory upon all classroom teachers to report to the school nurse or physician unusual behavior or appearance of a pupil. Upon inspection of the teacher's report, the nurse or physician, should, if in his or her judgment such a course is warranted, refer the pupil for special physical examination and associated laboratory tests.

Participation of Parents and Family Physician.—Increased effort should be made to encourage parents to be present at the physical examination. Parental participation is important to formation of good health habits in the child and essential to provision of necessary corrective treatment.

Parents and the family physician should be advised in writing of the findings of the school medical examiner. Parents should be encouraged to inform the school authorities within a reasonable period of time as to the steps, if any, taken to correct any defect found in the course of the medical examination.

Follow-up.—In the event that no corrective action is taken by the parents, the nurse should call on the parents and explain the findings of the medical examiner and the possible consequences, from a health point of view, of the parents' failure to provide for proper medical treatment.

Family Physicians and Dentists.—Under existing law, the parents of pupils have the privilege of substituting examination by the family physician or dentist for examination by school examiners. However, the evidence suggests that this privilege has not been sufficiently publicized. Considerable gain can be made if the family physician or dentist who, in any case, will have to administer treatment, makes the initial diagnosis. Steps should be taken to clearly inform parents and children that an examination may be taken outside the school system. Any examination meeting the requirements of the district's school examination, made within a period of four months prior to the date of the regularly offered school examination and reported on a form prescribed by the Department of Health, should be admissible in lieu of the school examination.

Re-admission of Pupils after Recovery from a Contagious Disease.—The provision of the School Code which makes it mandatory upon medical examiners to approve the return to class of pupils who have suffered from a contagious disease [1] appears unnecessary in the light of current medical procedure. The Medical Advisory Panel recommends that the Secretary of Health be given authority to develop and prescribe procedures for re-admission in all cases of contagious disease or other conditions presenting health hazards.

[1] Section 1421.

Physicians and Dentists Qualified to Give Examinations.—Medical and dental examinations given by the school or substituted in lieu of the regularly scheduled school examinations should be given by practitioners legally qualified to practice in the Commonwealth.

Health Appraisals of School Personnel.—If the health level of pupils is to be improved, the health of teaching and other personnel must be properly safeguarded. Safeguards are essential because the pupil is in close physical contact with school personnel and hence may readily contract contagious diseases such as tuberculosis, and because children are relatively susceptible to injurious influences that result from frequent exposure to psychoneurotic personalities.

Currently, health examinations of school employes are governed by the School Code, the Vehicle Code, and the health laws. Under the School Code, *all* school employes must take biennial medical and dental examinations. Under the health laws, food handlers employed by the schools must satisfy certain requirements. Under the Vehicle Code, a school bus driver must give evidence that he has "satisfactorily passed a physical examination to be given annually at the beginning of every school year by the physician for the school district by which he is employed."

It is suggested that the present procedure of requiring all school employes to submit to biennial medical and dental examinations be discontinued. The school district should require a thorough preemployment examination of all employes, and all employes should be given a chest X-ray every second year. It is not suggested that the additional special provisions applying to food handlers and school bus drivers be altered.

Sanitary Inspection.—At present, medical examiners in first, second, and third class districts are required to make sanitary inspections of school plant. The ends of both economy and efficiency would be served if this task was assigned to qualified sanitarians.

THE FINANCING OF THE PROGRAM

As has been pointed out in Part II, contemporary health services are financed in a variety of ways. To briefly recapitulate: (1) It is mandatory upon first, second, and third class school districts to employ their own medical examiners and to compensate them out of their own resources in accordance with terms agreed upon by examiners and boards; these districts are reimbursed by the Commonwealth for the biennial medical and dental examinations at the rate of $1.50 per medical examination and $.75 per dental examination. (2) In fourth class districts, medical and dental examiners are appointed by the Secretary of Health and paid out of Commonwealth funds at the rate of $1.50 per medical examination, $1.00 per employment examination, and $.75 per dental examination and per vaccination. (3) All school districts, regardless of classification, which employ school nurses (who must be paid at least the minimum salary mandated for professional employes by the School Code) are reimbursed by the Commonwealth for nursing service on an equalization basis.

In other words, the Commonwealth pays in full for some health services and partially reimburses for others. In the case of nursing service, the extent of Commonwealth participation depends upon the relationship between a district's need for services and its capacity to pay for these services.[2]

The new approach to the school health problem outlined above can be fitted to a variety of levels of total expenditure and varying degrees of Commonwealth financial participation. If total expenditures per pupil were continued at the present level, the additional services provided for under the new program—such as interim examinations, additional nursing services, and chest X-rays—could be paid for from savings occasioned by reducing the number of scheduled medical and dental examinations.

It is suggested that the current arrangement between the Commonwealth and school districts with respect to the financing of nursing service be retained.

With regard to the other services provided by the program, such as scheduled medical and dental examinations, special examinations, and X-rays, it is recommended that the Commonwealth make it mandatory upon local districts to furnish these services under the administrative supervision of the Secretary of Health and that local districts be reimbursed on a per-pupil (in average daily membership) basis for the costs incurred.

Arrangements which call for compensating examiners on the basis of a fixed rate per examination make for undesirable rigidity. Medical practice indicates that different patients, suffering from different combinations of ailments or suspected of having different types of disease, vary considerably in their requirements for the physician's, nurse's, or technician's time and attention. The present method of compensating medical examiners fails to take cognizance of this fact. The proposed school health program emphasizes components other than scheduled medical examinations, and local school districts should compensate medical examiners on the basis of total time devoted to school health work. In view of the strides that have been made toward the enlargement of attendance areas in the Commonwealth since the establishment of the present school health program in 1945, compensation on the basis of time devoted to school health work is administratively feasible.[3]

[2] For a detailed discussion of equalization reimbursement procedure, see *State and Local Support of Public Education,* A Report of the Joint State Government Commission to the General Assembly of the Commonwealth of Pennsylvania, Session of 1953 (Harrisburg, Pa.: 1953).

[3] See *State and Local Support of Public Education,* A Report of the Joint State Government Commission to the General Assembly of the Commonwealth of Pennsylvania, Session of 1953 (Harrisburg, Pa.: 1953), Section III, p. 37.

ADMINISTRATION OF THE PROGRAM

The exclusive responsibility for administering the program should rest in the Secretary of Health. The Secretary should be responsible for:

(1) Specification of forms, records, and reports

(2) Determination of the qualifications to be met by all health personnel participating in the school health program

(3) Approval of all Commonwealth payments made in connection with the school health program

(4) Specification of standards and procedures in examination, testing, and other parts of the program in accordance with best medical practice.

(5) Adequate supervision of the program at the local level.

Exhibit A

HCH-13052—1,000,000—8-50 -10

Penna. Dept. of Health
School Division

PUPIL'S HEALTH RECORD

BLOOD TYPE
Indicate Group

Last Name | First Name & Initial | Sex | Color | Parent Nativity

Mo. Day Yr. | Official Notification Birth Registration—Yes—No

Date of Birth | State | City-Boro-Twp.

SCHOOL	DISTRICT	COUNTY	ADDRESS

Mo Day Yr.

Vac. Cert. Issued | Name of Physician | Name of School Physician Confirming Cicatrix

Father's Name | Mother's Maiden Name

Birthplace | Birthplace

HEIGHT AND WEIGHT

Year						
Grade	1	3	5	7	9	11
Height	in.	in.	in.	in.	in.	
Weight	lb.	lb.	lb.	lb.	lb.	

MEDICAL HISTORY

	Date		Date		Date
Allergy (Specify)		Influenza		Rheumatic Fever	
Asthma		Intestinal Worms		Scarlet Fever	
Bronchitis		Measles—German		Small pox	
Chicken pox		Menstrual		Tonsilitis	
Chorea		Mumps		Tuberculosis—Self	
Diphtheria		Pleurisy		Tuberculosis—Family	
Enuresis		Pneumonia		Typhoid	
Epilepsy		Poliomyelitis		Whooping Cough	
Hernia (Rupture)		Rheumatism			

Operations: Appendectomy Herniotomy Tonsillectomy Cleft Palate Misc.

IMMUNIZATIONS—TESTS

DISEASE		DATE COMPLETED	RESULTS
Diphtheria	Original Immunization		
	Booster Doses		
Scarlet Fever	Original Immunization		
	Booster Doses		
Tetanus	Original Immunization		
	Booster Doses		
Whooping Cough	Original Immunization		
	Booster Doses		
Tuberculosis	Positive Mantoux		
	Negative Mantoux		
	B. C. G. Vac.		
Typhoid Fever	Original Immunization		
	Booster Doses		

ORTHOPEDIC

Grade	1	3	5	7	9	11
Year						
Gait						
Limp						
Deformity (Chest)						
Shoulders—Winged—Stooped						
Head—Erect—Forward						
Spine Straight (Rear)						
Spine—Normal (Side)						
Pelvis—Straight—Tilted						
Pelvis Balance—Standing						
Legs—Bowed—or Knock-kneed						
Feet Longitudinal Standing						
Bunions						
Calloused Feet						
Arch High						
Flat Feet						
Limbs Missing						
Other Deformities						

NEUROLOGICAL

Knee Reflexes—Normal						
Knee Reflexes—Diminished						
Knee Reflexes—Exaggerated						
Pupilary Reflexes—Normal						
Pupilary Reflexes—Diminished						
Pupilary Reflexes—Exaggerated						
Coordination & Equib.—Normal						
Abnormal						
Speech—Normal						
Abnormal						
Nervous Disease						
Specify						

EARS

Ear Examination	Auricle	R	L	R	L	R	L	R	L	R	L	R	L
	Mastoid	R	L	R	L	R	L	R	L	R	L	R	L
	Canal	R	L	R	L	R	L	R	L	R	L	R	L
	Cerumen	R	L	R	L	R	L	R	L	R	L	R	L
	Pain	R	L	R	L	R	L	R	L	R	L	R	L
	Otorrhea	R	L	R	L	R	L	R	L	R	L	R	L
	Granulations	R	L	R	L	R	L	R	L	R	L	R	L
	Drum—Retraction	R	L	R	L	R	L	R	L	R	L	R	L
	Drum—Perforation	R	L	R	L	R	L	R	L	R	L	R	L
	Drum—Congestion	R	L	R	L	R	L	R	L	R	L	R	L
Audiometer test Threshold test Pure tone only		R	L	R	L	R	L	R	L	R	L	R	L

Note—Highest Decibel Loss & Frequency

Other findings and recommendations of the Medical Examiner or Otologist

NAME OF MEDICAL EXAMINER	ADDRESS	YEAR

REMARKS

NURSE'S FOLLOW-UP

Note—When necessary attach additional reports to this form.

MEDICAL EXAMINATION

Grade			1		3		5		7		9		11	
Year														
			Findings	Cor.	Findings	Cor.	Findings	Cor.	Findings	Cor.	Findings	Cor.	Findings	Cor.
Head	Scalp													
Nose & Throat	Discharge													
	Obstruction													
	Tonsils													
	Pharynx													
Mouth	Mucous Memb.													
	Palatal Arch													
Neck	Cervical Gl.													
	Salivary Gl.													
	Thyroid—P.V.													
Chest	Forced Exp.													
	Full—Insp.													
Lungs	Percussion													
	Auscultation													
	X-ray requested													
Heart	Murmur													
	Apex Beat													
	Hypertrophy													
	Pulse Rate													
	Reg.—Irreg.													
	Funct. Test													
	Blood Press.													
Abdomen	Liver													
	Spleen													
	Hernia													
	Masses													
External Genitalia	Phimosis													
	Und. Testes													
	Hypospadia													
	Varicocele													
Glands Not Cervical	Axillary													
	Epitrochlear													
	Inguinal													
Skin	Lesions—Com.													
	Lesions—Other													
Nutrition														
Eyes	Strabismus													
	Keratitis													
	Conjunctivitis													
	Blepharitis													
Vision 20 Feet	Without Glasses	R												
		L												
		Both												
	With Glasses	R												
		L												
		Both												
Vision 14 Inches	Without Glasses	R												
		L												
		Both												
	With Glasses	R												
		L												
		Both												

Exhibit B

HCH-18095—60M—3-58

Commonwealth of Pennsylvania
Department of Health
School Division

WEEKLY PROGRESS REPORT

Medical Examiner _____

County School District	ENTER UNDER EACH DAY, MONTH AND DATE											
	Mon.		Tues.		Wed.		Thurs.		Fri.		Total	
Teachers Examined												
Teachers with Remediable Defects												
Other School Employees Examined (Include all Administrative Personnel)												
Other School Employees with Remediable Defects												
Pupils Examined												
Pupils Normal												
Pupils with Non-Correctable Defects												
Pupils with Remediable Defects (Form 13047 issued)												
	Def.	Cor.	Def.	Cor.	Def.	Cor.	Def.	Cor.	Def.	Cor.	Def.	Cor.
Pupils with Orthopedic Defects—Poor Posture (Form 13047 issued)												
Pupils with Orthopedic Defects—Scoliosis (Form 13047 issued)												
Pupils with Orthopedic Defects—Genu Valgus (Form 13047 issued)												
Pupils with Orthopedic Defects—Genu Varus (Form 13047 issued)												
Pupils with Orthopedic Defects—Flat Feet (Form 13047 issued)												
Pupils with Orthopedic Defects—Miscellaneous (Form 13047 issued)												
With Discharge of Nose and Throat (Not Acute Infections)												
With Diseased & Enlarged Tonsils & Adenoids (Removal Recommended)												
With Glandular Defects—Cervical (Do not include benign enlargement)												
With Glandular Defects—Inguinal												
With Glandular Defects—Inflamed												
With Glandular Defects—Discharge												
With Glandular Defects—Thyroid												
With Pulmonary Defects—Tuberculosis												
With Pulmonary Defects—Other												
With Heart Defects—Rheumatic												
With Heart Defects—Other (Pathological)												
With Abdominal Defects—Hernia												
With Abdominal Defects—Miscellaneous												
Miscellaneous Defects—Neurological												
Miscellaneous Defects—Phimosis Circumcision Rec.												
Miscellaneous Defects—Undescended Testicles												
Miscellaneous Defects—Hydrocyle												
Miscellaneous Defects—Hemorrhoids and Cysts												
With Skin Lesions—Contagious (Form 13047 issued)												
With Skin Lesions—Eczema (Form 13047 issued)												
With Skin Lesions—Miscellaneous (Form 13047 issued)												
With Malnutrition												
With Eye Diseases or Infections (Form 13047 issued)												
Recorded Far Sighted												
Recorded Near Sighted												
Recorded Wearing Glasses Corrected 20/20												
With Glasses Needing Refraction Recheck												
Miscellaneous—Strabismus, etc.												
With Ear Defects—(Physical, Not Wax)												
Pupils Vaccination Cicatrices Verified												
Pupils Reported Unvaccinated												
Pupils Pres. Temp. Cert. of Vac.												
Pupils Rec. Vaccination for Immunity Tests												
Complete Immunization—Diphtheria												
Complete Immunization—Scarlet Fever												
Complete Immunization—Tetanus												
Complete Immunization—Whooping Cough												
Complete Immunization—Typhoid Fever												
Parents Present at Examination												

NOTE: File report with School Administrator in 1st, 2nd and 3rd class districts.
Mail to Department of Health in 4th class districts.
NOTE: Read instructions on reverse side before using this form.
NOTE: Def.—defects; Cor.—Corrections since last examination

Submitted by _____

Title _____

STATISTICAL REPORTS

The School Health Act has a two fold purpose:

1. The finding of correctable defects.
2. The proper reporting of these defects in order that we may have a true statistical picture of the physical status of the school population.

It is important, therefore, that the weekly or annual reports be carefully completed and that close attention be given to the tabulation of these defects.

Defects which need further study or those definitely shown at the time of examination to be correctable and which have been reported to the parent on form 13047 (Notice to Parent Following Examination) are the only defects which should be recorded in this report as remediable.

By this means we will be able to prepare accurate statistics to give to the County Superintendent and others responsible for carrying out the intent of the legislation aiding in the correction of defects. In order that the statistics may be accurate as possible, may we ask you to cooperate. If these statistics are properly submitted and your good judgment is used in the proper tabulation of the findings, we feel that we will have a better statistical picture of the actual physical conditions of the school population.

While the reporting of defects on the Weekly Progress Report covers only those cases dealt with in the above instructions, it is still important that any other abnormal conditions not deemed correctable should also be noted on the pupils health record card even though they are not included in the Weekly Progress Report.

S. J. DICKEY, M.D.,
Epidemiologist and Medical Consultant.

USE OF FORM 13095 (APPLIES TO FOURTH CLASS DISTRICTS)

1. All Weekly Progress Reports must have the doctor's name recorded at the top.
2. Have the clerk sign the report in the lower right hand corner with her title for identification.
3. In the column "Day of Week" opposite the day worked, record the month and day.
4. The Weekly Progress report must be totaled, even if there is only one days work recorded, as this indicates to us that the week is completed.
5. Do not use zeros or dashes in blank columns as they are confused with figures.
6. The column "Pupils Normal" should include only those pupils who are found to be free of any defect whatever.
7. The column "Pupils with Remediable Defects" should include only those cases where form 13047 (Notice to Parent Following Examination) is used.
8. The column "Pupils with Non-Correctable Defects" should include all cases which have defects that cannot be corrected. Include all cases where the best possible correction has been made by the use of mechanical or other means. In the case of vision, include here pupils wearing glasses where the correction is the best that can be obtained although not 20/20.
9. In the column "Pupils With Orthopedic Defects"—under Poor Posture, Flat Feet, etc. include only those that are recommended for further mechanical treatment.
   (a) In all cases of enlarged tonsils that are not diseased, make a notation on the pupils health record card. Do not report them on the Weekly Progress Report unless they are referred on Form 13047.
   (b) Under the heading "Malnutrition" do not record cases that are underweight unless they present more of the symptom-complex that is found; such as, anemia, etc.
10. In the column "Pupils needing Refraction Recheck" record only those cases where the examination indicates that the vision can be improved by the use of new lens.
11. Vaccination—The Law requires that every child attending school shall present conclusive evidence of a successful vaccination (See Vaccination Law and Regulations). The number recorded in column "Vaccination Verified" plus the number noted in the next two columns must equal the total number of pupils examined. It is necessary, therefore, to include the number of children whose vaccination has been previously verified on the pupils record card in the column "Vaccination Verified Cicatrices."
12. Immunization—Where there is no record of immunizations on the Pupils Health Record Card, a note here will help. Such as:
   (a) No immunization in this district.
   (b) Notice was not sent to parents.
   (c) Records incomplete.
13. Do not record on Weekly Progress Reports examinations made in more than one district. The Weekly Progress Report represents work done in each individual district. If two districts are worked in one week you will need two Weekly Progress Reports.
14. If an Examiner is examining in a number of rural schools in a township and covers more than one school in any day, the records on the Weekly Progress Report should be totaled for that day and only one notation made covering the total examinations made in all schools in that district on that day.
15. When more than one doctor is working in a district on one day or on different days, their names should be recorded opposite the days worked, for identification, as well as on the top of the Weekly Progress Report.
16. Do not hold Weekly Progress Reports in the field. Return them weekly with the printed copy of the Auditor's Check Report. The Auditor's Check Report in all instances must be in duplicate for each days work and must be attached to the Weekly Progress Report when submitted.
17. When all schools in a district have been completed (not just one building) note at the bottom of the Weekly Progress Report "District Completed." We do not want this information on each individual school when it is completed. It is necessary for us to have this notation when the district has been completed, as it is from this report that the voucher is made out for the examiner's signature.
18. In the columns denoting days of week examinations are made, you will note that the column has been divided into two parts. In the column marked "Def." include all cases having remediable defects found during the current examination. In the column marked "Cor." note all corrections that have been made since the last examination. Corrections noted in this column must be satisfactory to the medical examiner at the present examination. This is in accordance with the requirements of Act 425.

JOHN W. GERMAN, JR.,
Chief, School Division.

MEDICAL EXAMINATION CODE

The first column on the Pupil's Health Record is used for recording the results of the medical examination. The second column is for recording corrections. The medical examiner must record his findings according to the code. Where conditions are normal, indicate with a small check. Where the condition requires a "Notice to Parent," enclose the code with a circle. Underline any defect which is not correctable. Where a special examination is requested by the medical examiner, use an X. **Record under remarks any findings which can not be indicated by the code.** Separate space has been provided for recording the ear examination and the audiometer tests.

CODE

* Explain under remarks. ** Note under remarks and exclude. *** Not required in grades 1-3 unless of diagnostic significance.

HEAD

Scalp
1. Nits or lice
2. Ringworm
3. Other *

NOSE AND THROAT

Discharge
1. Mucous
2. Purulent

Obstruction
1. Slight
2. Serious
3. Adenoids
4. Mouth Breathing

Tonsils
1. Enlarged
2. Diseased

Pharynx
1. Inflamed
2. Infected

MOUTH

Mucous Membrane *

Palatal arch
1. Flat
2. Narrow
3. High

Speech
1. Slight defect
2. Marked
3. Mute

NECK

Cervical Glands
1. Enlarged
2. Infected
3. Discharging

Salivary Glands
1. Abnormal *

Thyroid
1. Palpable
2. Visible
3. Exophthalmos
4. Non-toxic
5. Toxic

CHEST ***

Forced expiration
1. Abnormal

Full inspiration
1. Abnormal *

LUNGS

Percussion
1. Dullness *

Auscultation
1. Rales

HEART

Size
1. Abnormal *

Murmur
1. Physiologic
2. Pathologic

Apex beat
1. Displaced

Hypertrophy
1. Slight
2. Marked

Pulse Rate
1. Arrythmia

Functional Test
1. Abnormal *

Blood Pressure ***
1. Abnormal *

ABDOMEN

Liver
1. Palpable

Spleen
1. Normal
2. Palpable
3. Enlarged

Hernia
1. Inguinal
2. Femoral
3. Umbilical

Masses
1. Pathological

GLANDS NOT CERVICAL

Axillery
1. Enlarged
2. Pathological

Epitrochlear
1. Enlarged
2. Pathological

Inguinal
1. Enlarged
2. Pathological *

SKIN

Lesions
1. Contagious **
2. Non-contagious (eczema, etc.)

Other
1. If present *

NUTRITION

1. Undernourished
2. Seriously *

EYES

Strabismus
Corneal Defects
1. Slight
2. Serious

Infection
Blepharitis
1. Slight
2. Marked *

Discharges
1. Mucous
2. Purulent *

Vision
Consult Manual

EARS

Record defects as
1. Minor
2. Serious

Exhibit C

HCH-10301

ANNUAL REPORT
MEDICAL EXAMINATIONS
SCHOOL YEAR_____

City
Boro_____
Twp.
County_____
School District of the___Class

To the Department of Health

This report includes the public and private schools of this district in accordance with Article 14, Section 1428, Public School Code 1949.

_____ Approved_____
Chief Medical Examiner Supt., Supv. Prin.

TOTAL NUMBER

Pupils Examined_____ Normal_____ Remediable Defects_____ Non-Correctable_____
Teachers Examined___ Normal_____ Remediable Defects_____ Non-Correctable_____
Employees Examined___ Normal_____ Remediable Defects_____ Non-Correctable_____

ENFORCEMENT VACCINATION LAW

Total Number of Pupils:
Vaccination Cicatrices Verified_____ Unvaccinated_____
In School on Temporary Certificates_____

REMEDIABLE DEFECTS	No.
Contagious Skin Lesions (kind)	
Nose and Throat Defects including discharge, obstruction, tonsils, pharynx	
Oral Defects (Not Dental)	
Infections of Glands of Neck	
Chest Defects (Orthopedic)	
Pulmonary Defects	
Heart Defects	
Defects of the Abdomen	
Other Glandular Defects (kind)	
Poor Nutritional Status	
Eye disease or infection	
Visual defects	
Wearing Glasses 20/20 Correction	
Wearing Glasses Recheck needed	
Ear Defects	
Hearing	

IMMUNIZATIONS

Number of children examined having a record of complete immunization:

- Diphtheria _____
- Scarlet Fever _____
- Tetanus _____
- Whooping Cough _____
- Typhoid Fever _____

Number of immunizations given during the school year:

- Diphtheria _____
- Scarlet Fever _____
- Tetanus _____
- Whooping Cough _____
- Typhoid Fever _____

Total number of pupils given special x-ray examinations _____

Number of pupils given other special examinations _____

(over)

HEALTH CORRECTIONS
REPORTED AT THE LAST EXAMINATION

Scalp

Pediculosis cured _____

Pediculosis under treatment _____

Other cases cured _____

Other cases under treatment _____

Nose and Throat

Tonsils removed _____

Nasal obstructions removed _____

Others under treatment _____

Oral

Oral defects corrected (Not dental caries or gingivitis) _____

Chest

Orthopedic defects treated _____

Pulmonary

Tuberculosis under treatment _____

Others under treatment _____

Heart

Rheumatic under treatment _____

Pathological under treatment _____

Skin

Scabies cases reported _____

Scabies under treatment _____

Other infectious conditions cured _____

Other conditions under treatment _____

Eyes

Defective vision corrected with glasses _____

Eyes (Cont'd)

Strabismus treated _____

Conjunctivitis treated _____

Blepharitis treated _____

Others treated _____

Orthopedic

Treated with appliances _____

Under other therapeutic treatment _____

Nerves

Abnormal nervousness under treatment _____

Others treated _____

Miscellaneous Conditions

Undescended testes treated _____

Phimosis treated _____

Others treated _____

Exhibit D

March 1954

County _____

List School District or Districts

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC INSTRUCTION
BUREAU OF GENERAL INSTRUCTION
and
DEPARTMENT OF HEALTH
DIVISION OF SCHOOL HEALTH

Class of School District (check) 1__ 1A__ 2__ 3__ 4__ Date _____

Number of Pupils Enrolled (as of October 1) _____ For School Year 19___-19___

SCHOOL NURSE ANNUAL SERVICE REPORT

This report supplies vital information to the Departments of Public Instruction, Health, and Public Assistance. In order that the effectiveness of this program be correctly evaluated, it is the obligation of every school nurse to furnish complete and accurate information on each item in this report.

1. Each school nurse serving several districts will submit one summarized report.
2. Each district employing two or more school nurses will submit one summarized report.

DIRECTIONS

Prepare three (3) copies of this summarized report for distribution as follows:
a-One copy to the county or district superintendent.
b-One copy to the School Nursing Adviser, Department of Public Instruction, Education Building, Harrisburg, not later than July 15.
c-One copy to the District office for use by the principal and school nurse.

SECTION I
Summary Report of Medical Examinations

1. Number of teachers examined..... _____
2. Number of other employes examined..... _____
3. Number of pupils examined..... _____
   a-Number of pupils found normal..... _____
   b-Number of pupils having remedial defects..... _____
   c-Number of pupils not having defects corrected..... _____
   d-Number of parents present at health examination..... _____

SECTION II
Report of the Medical Follow-up Program (all grades)

	Number
A. Scalp	
1. Pediculosis treated or cured....	_____
2. Other cases treated or cured....	_____
B. Nose and Throat	
1. Tonsils removed.....	_____
2. Nasal obstructions removed.....	_____
3. Others under treatment.....	_____
C. Oral	
1. Oral defects corrected (not dental caries or gingivitis)...	_____
D. Chest	
1. Orthopedic defects treated.....	_____
E. Pulmonary	
1. Tuberculosis under treatment....	_____
2. Others under treatment.....	_____
3. Chest X-ray Screening.....	_____
F. Heart	
1. Rheumatic under treatment.....	_____
2. Pathological under treatment....	_____
G. Skin	
1. Conditions treated or cured.....	_____
H. Eyes	
1. Defective vision corrected with glasses.....	_____
2. Strabismus treated.....	_____

H. Eyes (continued) — Number

3. Conjunctivitis treated..... _____
4. Blepharitis treated..... _____
5. Others treated..... _____

I. Orthopedic — Number

1. Treated with appliances..... _____
2. Under other therapeutic treatment..... _____

J. Nerves — Number

1. Abnormal nervousness treated.... _____
2. Others treated..... _____

K. Miscellaneous conditions

1. Undescended testes treated..... _____
2. Phimosis treated..... _____
3. Others treated..... _____

L. School Lunch and Nutrition

1. Pupils served free lunch..... _____
2. Pupils referred (medical) to Division of Nutrition, Department of Health..... _____
3. Conferences regarding school lunch and nutrition..... _____

M. Other School Examinations (not included in the Health Act)

1. Pupils examined for work certificates..... _____
2. Other examinations..... _____

N. Follow-up in respect to the number of:

1. Pupils with remediable defects treated by family physician..... _____
2. Pupils whose parents cannot afford treatment..... _____
3. Pupils treated through Department of Public Assistance..... _____
   a-Medical...._____ b-Dental...._____
4. Pupils treated at following clinics:
   a-State Department of Health..... _____
   b-Hospital..... _____
   c-Others..... _____
5. Pupils receiving services from:
   a-Community agencies, service clubs, etc. ..... _____
   b-Health Councils..... _____
   c-Bureau of Rehabilitation..... _____
   d-Attendance departments..... _____
   e-Supervisors of Special Education or school psychologists..... _____

O. Control of Communicable Disease

1. Individual health appraisals - all purposes..... _____
2. Pupils recommended to teacher or school administrator for exclusion..... _____
3. Communicable disease suspects referred to physician or clinic..... _____
4. Reported to health officer..... _____
5. Rechecked by physician or nurse for readmission, because of suspected communicable disease..... _____
6. Immunizations..... _____
   a-Diphtheria...._____ c-Whooping Cough..._____ e-Tetanus..._____
   b-Scarlet Fever.._____ d-Typhoid Fever...._____

P. Adjustments

1. Number of pupils who have modified programs because of the following handicaps. _____
   a-Vision...._____ c-Cardiac....._____ e-Homebound...._____
   b-Hearing..._____ d-Nutritional.._____ f-Others....._____

Q. Home Visitation

1. Number of home visits..... _____
2. Number of children served through home visits (total of a, b, and c)..... _____
   a-For correction of remediable defects....._____
   b-Illness and injury occurring in school...._____
   c-Others....._____

R. Other Means of Follow-up
1. Letters, telephone calls to parents, and any others..... _____

S. Children Accompanied (due to illness or other reasons) to:
1. Clinics and agencies..... _____
2. Physicians' and dentists' offices..... _____

T. Planned Conferences* at School with:
1. School administrators..... _____
2. Teachers..... _____
3. Dentist_____Phys._____Total... _____
4. Pupils_____Parents_____Total.. _____
5. Others (agencies' representatives, nurses, etc.)..... _____

*Time should be arranged in advance when possible.

U. Total number of:
1. Health talks given..... _____
2. Demonstrations given..... _____
3. Home nursing classes taught..... _____
4. First aid classes taught..... _____
5. Other activities..... _____

SECTION III
Report of the Dental Follow-up Program (all grades)

A. Dental Follow-up *(school nurse or dental hygienist doing the work sign)
1. Pupils visited by school nurse or dental hygienist..... _____
2. Pupils referred to private dentist or clinic..... _____
3. Pupils now having work done at the private office or clinic..... _____
4. Pupils discharged having all corrections completed..... _____
5. Pupils requesting financial assistance..... _____
6. Parents present during dental examination..... _____

*(Signature) _____
School Nurse or Dental Hygienist

SECTION IV
Report of School Accidents and Illness

A. Accidents and Injuries recorded
1. Total number of all recorded accidents..... _____
NOTE: Have all personnel record accidents (including injuries) occurring in or about the school building.
2. Total number of reported accidents..... _____
NOTE: Report under a, b, and c only those accidents serious enough to be referred to the school administrator.
a-Within school buildings..... _____
b-On school grounds..... _____
c-On way to and from school..... _____
Riding..... _____ Walking..... _____
3. Accidental deaths occurring while pupils are under school jurisdiction..... _____

B. Illness Recorded
1. Pupils receiving first aid for illness or injury (by nurses and others)..... _____
2. Pupils treated in school under physicians orders..... _____

SECTION V

REPORT OF AUDIOMETRIC TESTS AND FOLLOW-UP ON HEARING HANDICAPPED

(For the Use of the Division of Special Education)
DEPARTMENT OF PUBLIC INSTRUCTION
Harrisburg

Grade	Kindg and/or sp. cl.	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
1. Children in odd grades given audiometric check tests as required by law.			X		X		X		X		X		X	
2. Children in odd grades with hearing losses.			X		X		X		X		X		X	
3. Children in even grades given audiometric test.		X		X		X		X		X		X		
4. Children in even grades with hearing losses.		X		X		X		X		X		X		
5. Children wearing hearing aids.														
6. Number of complete threshold audiometric examinadions made during term.														

7. Children with otological defects revealed by medical examinations in any grade. _____

8. Children given medical or surgical treatment in any grade. _____

9. Children showing gain in hearing ability in any grade. _____

10. Children showing deterioration in hearing ability in any grade. _____

11. Children referred to special educational clinics in any grade. _____

12. If group phonograph audiometer is still used by the community give total number children receiving this test. _____

Approved _____
School Administrator

Signature _____
School Nurse

Home Address _____

Exhibit E

HBN 11023 Sheet 1 of 5

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH NURSING
FIELD NURSE'S MONTHLY REPORT

Name_____Headquarters_____

Month_____Year_____Payroll No._____County No._____Nurse's No._____

I TUBERCULOSIS & PNEUMOTHERAPY

1 _____ Tuberculosis Clinic Number
2 _____ Clinics attended by nurse
3 _____ TOTAL CLINIC VISITS
4 _____ NUMBER MANTOUX TESTS MADE
5 _____ Total case load in nurse's district
6 _____ Diagnosed cases in nurse's district (include pneumo)
7 _____ Diagnosed cases visited (include pneumo)
8 _____ Patients returned from sanatoria during the month
9 _____ Visits to discharged sanatoria patients (first visit only)
10 _____ Number T.B. contacts visited (first visit only)
11 _____ Total home visits made by nurse
12 _____ Total number of persons interviewed by nurse in home
13 _____ Total office nursing visits
14 _____ Total telephone conferences (nursing)
15 _____ Pneumotherapy Clinic Number
16 _____ Clinics attended by nurse
17 _____ NUMBER PNEUMOTHERAPY TREATMENTS

II VENEREAL DISEASE

1 _____ Clinic Number
2 _____ Clinics attended by nurse
3 _____ PATIENTS VISITING CLINIC DURING MONTH
4 _____ TOTAL CLINIC VISITS
5 _____ NUMBER NEW CASES
6 _____ Number penicillin administrations by nurse
7 _____ Number contacts reported from all sources
8 _____ Number contacts visited
9 _____ Number contacts examined
10 _____ Number delinquent patients visited
11 _____ Total home visits made by nurse
12 _____ Total office nursing visits
13 _____ Total telephone conferences (nursing)

NOTE: Items in large type to be filled in by nurse responsible for clinic report.

III ORTHOPEDIC

1_____No. of patients on active nursing service in assigned district
2_____No. of above patients visited
No. of field visits to:
4_____Diagnostic clinic patients
5_____Other crippled children
No. of office nursing visits to:
7_____Diagnostic clinic patients
8_____Other crippled children
No. of clinics attended by nurse:
10_____Diagnostic clinics
11_____Other crippled children's clinics
No. of patients from nurse's district examined in:
13_____Diagnostic clinics
14_____Other crippled children's clinics
No. of patients hospitalized or institutionalized:
16_____In Elizabethtown
17_____In other hospitals
18_____In other institutions
19_____No. of telephone conferences (nursing)

IV PRENATAL

1_____Clinic Number
2_____Clinics attended by nurse
3_____Number new patients admitted to ante-partum nursing service
4_____Number maternity classes held
5_____Number persons attending maternity classes
6_____Total attendance during month
7_____Number patients given nursing service at delivery
8_____Number home visits made by nurse
9_____Number office nursing visits
10_____Number telephone conferences (nursing)

V POST-PARTUM

1_____Number patients admitted to post-partum nursing service
2_____Number home visits made by nurse
3_____Number office nursing visits
4_____Number telephone conferences (nursing)

VI MIDWIFERY

1_____Number births reported
Number deaths of
3_____Mothers
4_____Babies
Number cases reported to Midwife Inspector of
6_____Sore eyes
7_____Congenital deformities
8_____Other (specify_____)
9_____Number given post-partum medical examination
10_____Number home visits made by nurse
11_____Number office nursing visits
12_____Number telephone conferences (nursing)

FIELD NURSE'S MONTHLY REPORT (Cont.) Month_____Year_____Nurse's No._____

VII CHILD HEALTH CENTERS

	(1) No. Clinics Attended By nurse	Number New Children Registered (3) Under 1 Yr.	Number New Children Registered (4) 1 to 6 years	Number Return Visits (6) Under 1 Yr.	Number Return Visits (7) 1 to 6 Years	No. Immunizations completed Small-pox (9)	Diphtheria (11) Under 1 Yr.	Diphtheria (12) 1 thru 4 years	Diphtheria (13) 5 Yrs. & over
Clinic No.___	_____	___	___	___	___	___	___	___	___
Clinic No.___	_____	___	___	___	___	___	___	___	___
Clinic No.___	_____	___	___	___	___	___	___	___	___
Clinic No.___	_____	___	___	___	___	___	___	___	___
Clinic No.___	_____	___	___	___	___	___	___	___	___

14_____Number referred to family physician
15_____Number registrars visited
16_____Number names obtained
17_____Number babies visited
18_____Number sore eyes reported
19_____Number cord infections
20_____Number congenital deformities

Total home visits made by nurse :

22_____Infants under 1 year
23_____Preschool 1 to 6 years

Total office nursing visits :

25_____Infants under 1 year
26_____Preschool 1 to 6 years

Total telephone conferences (nursing):

28_____Infants under 1 year
29_____Preschool 1 to 6 years

VIII SCHOOLS
(4th Class Districts)

1_____Number examinations with which nurse assisted
2_____Number field nursing visits
3_____Number office nursing visits
4_____Number telephone conferences (nursing)

IX RHEUMATIC FEVER

1_____Clinic Number
2_____Clinics attended by nurse
3_____Number patients admitted to hospitals or institutions
4_____Total home visits made by nurse
5_____Total office nursing visits
6_____Total telephone conferences (nursing)

X Tumor (Cancer)

1_____Clinics attended by nurse
2_____Total home visits made by nurse
3_____Total office nursing visits
4_____Total telephone conferences (nursing)

XI CLEFT PALATE & PLASTIC

1_____Clinic Number (or name)
2_____Clinics attended by nurse
3_____Number patients in nurse's district
4_____Total home visits made by nurse
5_____Total office nursing visits
6_____Total telephone conferences (nursing)

XII CORRECTIONS SECURED

	(1) Under 1 Yr.	(2) 1 thru 4 Yrs.	(3) 5 years & over
10 Eyes			
20 Ears			
30 Teeth			
40 Tonsils & Adenoids			
50 Circumcision			
60 Skin Disease			
70 Vaccination			
80 Other (specify)			

XIII REFERRED FOR TREATMENT

	(1) Under 1 Yr.	(2) 1 thru 4 years	(3) 5 years & over
10 Orthopedic Defects			
20 Nervous Disorders			
30 Speech Defects			
40 Malnutrition			
50 Cardiac Disease			
60 Suspected Com. Dis.			
70 Other (specify)			

XIV COMMUNICABLE DISEASE

	Specify Disease	Total Number
1 Home visits made by nurse		
2 Visits to complete epidemiological investigations		
3 Telephone conferences (nursing)		
4 Number of throat cultures		
5 Number of stool and/or urine specimens		

FIELD NURSE'S MONTHLY REPORT (Cont.) Month_____Year____Nurse's No._____

XV IMMUNIZATION CAMPAIGNS
(Do not include immunizations done in Child Health Centers)

		(1) Under 1 Yr.	(2) 1 thru 4 Yrs.	(3) 5 years & over
1	Number clinics held _____			
10	Number children immunized	_____	_____	_____

Note: If assisting, do not fill in above.

XVI SOCIAL SERVICE

1_____Total number cases referred to other agencies
2_____Number referred to Bureau of Rehabilitation
3_____Number office and telephone conferences relative to social service

XVII CONFERENCES

Number office and telephone conferences with:

1_____District or County Medical Director
2_____Other physicians
3_____Nursing Consultants
4_____Supervisor
5_____Personnel of other agencies

XVIII ADULT HYGIENE

		Specify	Total Number
1	Home visits made by nurse	_____	_____
2	Office Nursing visits	_____	_____
3	Telephone conferences (nursing)	_____	_____

XIX COMMUNITY EDUCATION

1	Talks given	_____
2	Other (specify_____)	_____

XX STAFF EDUCATION

1	Professional meetings attended	_____

XXI "NOT HOME" & "NOT FOUND" VISITS

1	Total number made by nurse during the month	_____