

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address. *Mrs Thomas J Scott Mount Holly NJ*

Pupil's name. *Minnie O Neal*

General health of the pupil. *Good*

Has pupil been ill the past two months? *No.*

Name of disease. _____

Name and address of the physician in attendance. _____

Does the pupil have a cough? *No.*

For how long has he had it? _____

Give the pupil's weight. *111 pounds*

Has the pupil any trouble with the eyes? *No.*

Are the eyelids inflamed? *No.*

Remarks: _____

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Patron's name and address... Mrs Thomas J DeCott Mt Holly N.J.

Pupil's name... Minnie Ordeal

General health of the pupil... Good

Has pupil been ill the past two months? ... no

Name of disease... _____

Name and address of the physician in attendance... _____

Does the pupil have a cough? ... no

For how long has he had it? ... _____

Give the pupil's weight... 112 pounds

Has the pupil any trouble with the eyes? ... no

Are the eyelids inflamed? ... no

Remarks:.....

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Oreal Munnie DATE Apr 11 1910

AGE 15 YEARS NEW RETURNED 1/2 STUDENT. TRIBE Stoshoni STATE Wyo

DEGREE OF INDIAN BLOOD 1/2

INSPECTION Good development

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal

{ RESP. MURMUR "

HEART SOUNDS Normal

MENSURATION { INSP. 18 RESPIRATION 18 PULSE 78
 { EXP. 18

TEMPERATURE _____ degs. HEIGHT 4 FT 11 3/4 IN. WEIGHT _____ LBS.

VISION _____ VACCINATION Good

MENSTRUATION _____

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	Yes	Good		
MOTHER			Yes	Consumption
BROTHERS {	1	Good		
SISTERS {	1	Good	1	?

PERSONAL HISTORY:

REMARKS:

