



*School Health Service
Huntington Public Schools
Huntington, New York 11743*

CARDIAC REPORT

Name of Student _____ Grade _____

Address _____ Date of Birth _____

To help us in giving proper supervision to this student during School hours, would you please answer the questions below and return this form at your earliest convenience.

Have you diagnosed this student as having:

- 1. Functional (innocent) Murmur? Yes _____ No _____
- 2. Congenital Heart Defect? Yes _____ No _____
- 3. Rheumatic Heart Disease? Yes _____ No _____
- 4. Other _____
- 5. Medication Prescribed: _____

Remarks/Recommendations: _____

- 6. Are there any restrictions concerning physical activities such as recess, physical education, or sports? _____

Physician's Name (Please Print)

Physician's Signature

Address

Telephone Number

Date

