

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	X	S	C	P	NAME									
VISION	HEARING		EYE DISEASE	EAR DISEASE	DEF. NASAL BREATHING	ABNORMAL TONSILS	ANAEMIC APPEARANCE	DEFECTIVE TEETH	DIGESTIVE ABNORMALITY	ENLARGED GLANDS	SKIN DISEASE	ORTHOPEDIC DEF.	MALNUTRITION	PULMONARY DISEASE	CARDIAC DISEASE	NERVOUS DISORDERS	MENTALITY REF.	VACCINATION	MEASUREMENT		DISEASES CHILD HAS HAD											
	R	L																	RIGHT EAR	LEFT EAR	H	W	A	B	C	D	E	F	G	H	I	J
REFERRED FOR	DATE	FINDING (USE A SEPARATE LINE FOR EACH DEFECT)													H	INITIALS	AGENCY TREATING AND DATE OF TERMINATION	NOTES														
	24. 10. 28	3 granulated lids														U. art		Toid finished 22. 11. 28														
S.P.	14. 11. 30															g. v.a.m.		H. 20. 2. 33 absent 3 weeks.														
	16. 11. 32	8P														v.a.m.	Dental 7. 12. 32	12. 24. 33 Vision tested 15/15 x 15/15														
	26. 11. 33	8P														"	" Sprath 29. 10. 34	2. 2. 34 Vision tested 15/15 x 15/15														
S.P.	29. 10. 34														1	v.a.m.		15. 11. 34 re. Vaccinated slight reaction 15. 11. 35 annual vision test 18/30 x 15/15														

Gosney Leonard

NOTES
 Toid finished 22. 11. 28
 H. 20. 2. 33 absent 3 weeks.
 12. 24. 33 Vision tested 15/15 x 15/15
 2. 2. 34 Vision tested 15/15 x 15/15
 15. 11. 34 re. Vaccinated slight reaction
 15. 11. 35 annual vision test 18/30 x 15/15