

STRICTLY
CONFIDENTIAL

1960-61

EXAMINATION BY THE SCHOOL DOCTOR

D. 4

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

INSTITUTE OF CHILD HEALTH (UNIVERSITY OF LONDON)
SOCIETY OF MEDICAL OFFICERS OF HEALTH

Ref. No
Name

Address

School

COMMITTEE
K ROAD, EDINBURGH, 9.

HOSE WHO HAVE MOVED

Address
.....
.....

IF THE FAMILY HAS MOVED TO ANOTHER AUTHORITY PLEASE ENTER THE NEW ADDRESS AND THE NAMES OF THE NEW L.E.A. AND NEW SCHOOL IN THE SPACE PROVIDED. IF THE CHILD CANNOT BE TRACED PLEASE ENTER THE LAST ADDRESS AND ANY OTHER INFORMATION THAT MIGHT HELP US TO TRACE HIM. IN EITHER CASE RETURN THE FORM TO WHOMEVER HAS BEEN DELEGATED BY THE SCHOOL MEDICAL OFFICER TO RECEIVE IT.

PURPOSE OF THIS INQUIRY

This child was enrolled at birth in a national survey which is being made by a Joint Committee of the Institute of Child Health, the Society of Medical Officers of Health and the Population Investigation Committee. The children in this survey are representative of all births in England, Wales and Scotland in March 1946. They are drawn from all social classes and during the first fourteen years of their lives less than 10 per cent of the children in the original sample have been lost. The value of this inquiry depends on information being obtained for every possible survey child. The Joint Committee are therefore most anxious that this form should be completed.

In order to ensure that these many medical histories are obtained in the same way it is important, when questioning the parent, that the wording and order of this form should be adhered to.

COMPLETED FORMS SHOULD BE RETURNED TO THE SCHOOL MEDICAL OFFICER AND NOT DIRECTLY TO THE JOINT COMMITTEE

THE FOLLOWING EQUIPMENT IS NEEDED:—

- (a) Darning needle size No. 1 (Milwards Gold Seal) (b) black thread (Coates button thread, extra strong)
- (c) a pin (d) a penny (c) a pencil

It is hoped that the Mother and/or Father will be present at this examination

A. MEDICAL HISTORY

Put a circle round the code number opposite the printed answer that most nearly describes your findings. If no alternative fits please write the answer in the space directly under the question. If a question does not apply, strike it through.

SURVIVAL

- 1. If this child has died please state Date of Death

SOURCE OF INFORMATION

- 2. If this child is living but the form cannot be completed please state the reason here:

- 3. Parent or relative attending with child Mother1 Father2 Both parents.....3 Other person, namely0

ASTHMA

- 4. (a) Has this child, DURING THE LAST YEAR, had an attack of asthma? Yes1 No0 (If "yes".) (b) Do they occur? Daily4 Weekly3 Monthly2 Less often1 (c) How long do they last? Minutes1 Hours2 One or more days3

- (d) Has a doctor been consulted about his asthma? Doctor consulted.....1 No doctor consulted0 (e) Has the cause of the attacks been investigated? Yes, at hospital.....1 Yes, by family doctor...2 No investigation0 (f) What treatment is being given?

TEETH

- All Children 5. (a) How many times has this child been seen by a dentist DURING THE LAST YEAR? DEN61 times Not seen by a dentist...0

HEART

- 6. (a) DURING THE LAST YEAR has this child been treated for heart trouble? HTT61 Yes1 No0 (If "yes".) (b) Name and address of hospital where treated? Name Address (c) What treatment was given? (d) Did this treatment lead to any restriction of his activities? HTR61 Yes, namely..... No restriction of activities.....0

ASTHD4

FOAD4

HLALD4

DRCND4

INVGD4

DEN61

HTT61

HTR61

ABDOMEN

All Children **ABPND4**

- 7. (a) Has this child had any attacks of abdominal pain DURING THE LAST YEAR?
 - Yes1
 - No0

(If "yes".)

- (b) Was a doctor called in or was he taken to hospital?
 - Doctor called in1
 - Taken to hospital2
 - Neither0

ABD61

All Children **RCVMD4**

- 8. (a) Has this child, DURING THE LAST YEAR, had recurrent attacks of vomiting (i.e. out of sorts at least 12 hours and at least one vomit)?
 - Yes1
 - No0

(If "yes".)

- (b) About how often does he have these attacks?
 - Less than once a month 1
 - More often2

SIF61

- (c) Are these attacks associated with any particular circumstances?
 - CIRCTD4**
 - If so please give details

BEDWETTING

All Children

- 9. (a) Is this child now dry by night?
 - Never wet0
 - Wet occasionally1
 - Wet several nights a week2
 - Wet every night3

NIW61

NIL

(If "wet".)

- (b) How are you trying to get him dry?

MENSTRUATION

All Girls

- 10. (a) Has this child started her periods?
 - Yes1
 - No0
 - Does not applyY

MEN61

(If "yes".)

- (b) Are they regular or only occasional?
 - Regular2
 - Occasional1
 - No periods yet0
 - Does not applyY

MENR

- (c) What was the date of onset of the FIRST period?
 -19.....
 - No periods yet0
 - Does not applyY

MEND

- (d) Did this child complain of abdominal discomfort during the three months preceding her first period?
 - Yes1
 - No0
 - Does not applyY

MENP

- (e) Does she now have pain or discomfort associated with menstruation?
 - Yes1
 - No0
 - Does not applyY

MENA

HEARING

All Children **HEAMD4**

- 11. (a) Is this child hard of hearing sometimes, or all the time?
 - Sometimes deaf1
 - Always deaf2
 - Normal hearing0

(If "sometimes deaf".) **HRGCD4**

- (b) Is he hard of hearing when he has colds?
 - Yes1
 - No0

FITS AND CONVULSIONS

All Children **FITD4**

- 12. (a) Has this child, DURING THE LAST YEAR had a fit or convulsion or lost consciousness?
 - Yes, fits, etc.1
 - No fit or convulsion.....0

(If "fit or convulsion".)

- (b) How many fits or convulsions has he had DURING THE LAST YEAR?
 - NOFITD4**
 -fits or convulsions

FITILD4

- (c) Did they occur during an illness or while he was in normal health?
 - During an illness.....1
 - While in normal health 2

IMMUNISATION AND CLINICS

All Children

- 13. (a) Has this child had B.C.G. vaccination?
 - Yes1
 - No0

BCG

- (b) Has this child had poliomyelitis immunisation?
 - Yes1
 - No0

POL46-61

- 14. Has this child attended a school clinic or Out-Patient Department of a hospital DURING THE LAST YEAR?
 - Yes1
 - No0

OPD60/61

(If "yes".)

Please give the following details:—

Type of Clinic	Reason for attendance	Date of last attendance
.....
.....
.....

GENERAL HEALTH

All Children

- 15. (a) Are you in any way worried about this child's health?
 - Yes1
 - No0

HEAL61

(If "yes".)

- (b) Please give your reasons for worrying.....

All Children **BHRVD4**

- 16. (a) Does this child show any problems of behaviour, adjustment, or conduct which are a cause of concern to you?
 - Yes1
 - No0

(If "yes".)

- (b) Please give details.....

TRMTD4

- (c) What treatment, if any, is being given for these behaviour problems?
 - No treatment0
 - Child Guidance Clinic...1
 - Other, namely

Does not apply.....Y

B. EXAMINATION

THROAT AND TONSILS

All Children

17. (a) Colour of pillars of fauces. Congested1
 Not congested0
 Not seen, child gags...Y
FAU61

(b) Tonsils. Present and intact1
 Remnants2
 Removed0
 Not seen, child gags...Y
TONP61

(If tonsils present.)
 (c) Size of tonsils. Meet in mid line.....1
 Buried and atrophic.....2
 All other sizes.....3
TONG61

(d) Crypts. Contain pus1
 Do not contain pus.....2
 No crypts seen.....3
 Concretions4
TONC61

(e) Tonsillar glands. Palpable1
 Not palpable0
TONX61

(f) In your opinion should this child's tonsils be removed? Yes1
 No0
 Undecided2
TONY61

(If "yes".)
 (g) Please give your reasons.....

BREAST DEVELOPMENT

All Children

18. Are there any signs of breast development? Yes1
 No0
 Does not applyY
BRD61

LUNGS

All Children

19. Are there any abnormal signs present in the lungs? Abnormal signs present 1
 No abnormality detected0

(If "abnormal signs".)
 Please describe **PULM61**.....

HEART

Please examine this child standing up and lying down.

All Children

20. (a) Position of cardiac impulse.....
MURS61 MURL61
 (b) Murmurs. Standing Lying
 No murmur heard.....00
 Murmur(s) heard11

(If "murmur(s)".)
 Point of maximum intensity?.....
 Timing of the murmur?.....
 Is there a palpable thrill?.....
 If so, where?.....

All Children

(c) Details of any other cardiac abnormalities not noted above **CARD61**.....

(d) Do you consider that this child shows any evidence of rheumatic heart disease? Yes1
 No0
 Doubtful2

(If "Yes".) **RHH61**
 Please describe

All Children

(e) Are there any other manifestations of rheumatic disease? **RHO61**.....

(f) Do you consider that this child shows any evidence of congenital heart disease? Yes1
 No0
 Doubtful2

(If "yes".) **CONG61**
 Please describe

ABDOMEN

All Children

21. (a) Is there any abdominal distention? Yes1
 No0
ABDI61

(b) As there any palpable masses? No0
 Yes, liver palpable.....1
PAM61 Yes, spleen palpable.....2
 Yes, faeces palpable.....3
 Yes, other masses, namely

(c) Is there an impulse on coughing when a finger is inserted into the inguinal canal? **IMP61**
 Yes1
 No0

(d) Is any pigmented pubic hair visible? **PUH61**
 Yes, sparse1
 Yes, profuse2
 No0

(e) Is any axillary hair visible? **AXH61**
 Yes1
 No0

Boys Only

(f) Development of genitalia Infantile0
GEN61 *Early1
 **Advanced or complete2
 Does not applyY

*"early" increase in length of penis and width of glans with softening and slight enlargement of testes.
 ***"advanced" substantial enlargement of glans and penis plus testicular enlargement with pendulous and rugose scrotum.

CO-ORDINATION

All Children

22. (a) Can this child hop on his right leg? Yes1
HOPR61 No0

(b) Can this child hop on his left leg? Yes1
HOPL61 No0

(c) Can this child thread a darning needle with his right hand? **THR61** Yes1
 No0
 (Darning needle Size 1 and Coates extra strong black thread.) **THL61**

(d) Can this child thread a darning needle with his left hand? Yes1
 No0

(If this child cannot thread a needle with left or right hand proceed as follows until he is successful.)

- Right hand Left hand
- (e) Can this child pick up a pin? Yes.....1 Yes.....1
No.....0 No.....0
PINRT61 PINLT61
- (f) Can this child pick up a penny? Yes.....1 Yes.....1
No.....0 No.....0
PENRT61 PENLT61
- (g) Can this child pick up a matchstick? Yes.....1 Yes.....1
No.....0 No.....0
MATRT61 MATLT61
- (h) Can this child pick up a pencil? Yes.....1 Yes.....1
No.....0 No.....0
PERT61 PELT61

All Children

- (i) Ask this child to tap as fast as he can the dorsum of his left hand with his right fingertaps in 15 secs.
TAPRF61
- (j) Ask this child to tap as fast as he can the dorsum of his right hand with his left fingertaps in 15 secs.
TAPLF61
- (k) With the child sitting, ask him to tap the ground as fast as he can with his right foottaps in 15 secs.
TAPRFO61
- (l) With this child sitting, ask him to tap the ground as fast as he can with his left foottaps in 15 secs.
TAPLFO61

MISCELLANEOUS

All Children

23. Skin. No obvious abnormality0
Septic spots or boils.....1
SKA61
- Other abnormalities, namely.....

24. Nails and fingers.

NAB61

- No abnormality0
Bitten nails1
Clubbed fingers2
Other, namely

25. Orthopaedic defects.

- (Extremities Knock knee1
Valgus ankles2
Hallux valgus3
Painful flat feet4
other namely.....

- (Postural Scoliosis5
Kyphosis6
other namely.....

- (Disease Poliomyelitis7
other namely.....

- (Congenital

- (Other defect namely.....

- (No defect 0

(If any defect)

Please give details of treatment.....

26. Remarks on other abnormalities or deformities not reported above

DEF61

PHYSICAL MEASUREMENTS

27. Present weight. CTHSD4
(In underpants or knickers only and WITHOUT SHOES. If this is impossible please list the clothes in which he was weighed. WT61 NWT61 NIWT61)
.....st.lbs.ozs.
Scales used. SCLSD4 Beam balance1
Spring balance2

28. Present standing height. (WITHOUT SHOES.)

["The most accurate results are obtained if heels, shoulders and buttocks touch an upright wall, and the child looks straight ahead so that the lower border of the orbit and the external auditory meatus are in the same horizontal plane. The child should be told to make himself as tall as possible without lifting his heels from the ground. A deep breath should be taken as this helps to bring him up to his maximum height."]

Report of C.M.O., Ministry of Education, 1950/51, p. 61.] HT61 NHT61 NIH61

-ft.ins. (To nearest quarter inch.)
MEUD4 Height measurer used.....1
Measured against wall.....2

SPEECH

All Children

29. (a) Has this child's voice broken? Not yet broken0
Starting to break1
Completely broken2
Does not applyY
BRV61

- (b) Speech. No abnormality0
Stammering1
Dyslalia2
Structural, namely

SPHD4

(If "stammering," "dyslalia" or other defect.)

- (c) Does this child, in your opinion, need speech therapy? Yes1
No0

(If "yes".)

- (d) What arrangements have been made to give him speech therapy STHPYD4

EYES

All Children

30. (a) Squint. SQU61 Does not squint0
Concomitant squint1
Paralytic squint2
SQU52/61

- (b) Have glasses been supplied for this child? Yes1
No0
GLA GLA61

(If "yes".)

- (c) Who refracted this child?.....

- (d) Are glasses being worn to-day? Yes1
No0
GLAW61

31. (a) Visual acuity.

EYE61	Without glasses	With glasses	
	Right eye	SNER61	SNERG61
EYA	Left eye	SNEL61	SNELG61

- (b) Eye defects not noted above: EYO61

EARS

All Children

32. (a) External Auditory Meatus.

RAM61 LAM61

	Right	Left
Mucoid discharge	.....1	.....1
Purulent discharge	.....2	.....2
Wax	.....3	.....3
Clear	.....0	.....0
Other, namely	.....	.....

AMD61

(b) Drums.

RAD61 LAD61

	Right	Left
Intact	.....0	.....0
Indrawn	.....1	.....1
Perforated	.....2	.....2
Obscured by wax	.....3	.....3
Other conditions, namely	.....	.....

(c) What is your assessment of this child's hearing?

Average or good	.....3
Poor	.....2
Very poor	.....1

HEAR61

(If hearing is "poor".)

(d) Does he wear a hearing aid?.....

HEA61

ASSESSMENTS

All Children

33. (a) Alertness and activity.

Average	.....2
Above average	.....3
Below average	.....1
Apathetic	.....0

(b) Physical development.

PHY61

Average	.....1
Superior	.....2
Inferior	.....0

(c) Obesity.

OB61

Very obese	.....1
Obese	.....2
Average	.....3
Thin	.....4
Very thin	.....5

34. What does this child propose to do when he/she leaves school?

Is there anything in this history or examination which, in your opinion, would make this choice of job unsuitable or undesirable?

Yes	.....1
No	.....0

UNJ61

(If "yes".)

Please give your reasons for thinking this choice of job is unsuitable or undesirable.....

CHECK ON PAST INFORMATION

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Name of Doctor making examination

School Doctor1
Family Doctor2

Date of Examination DATEXD4

Time taken for this examination.....