HEALTH SERVICES IN THE
PUBLIC HIGH SCHOOLS OF PORTLAND, OREGON

by

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Health services in high schools throughout the entire country are rapidly becoming an important part of the school program. Since 1894, when a regular system of medical inspection was established in the schools of Boston, Massachusetts, for the purpose of retarding epidemics, strides of progress have been made in school health service work. While health services in the schools have not reached perfection much is being done to establish care that is vitally necessary in the promotion of good school health and in preventing and correcting maladies which formerly caused many maladjustments in youth, as well as later in life.

The population has increased approximately ninety per cent since the turn of the century, thus bringing about a greater need for health service work in the school, home and community. With this expansion in population, many school districts have had to make minor and major building adjustments to house their total enrollments. In some instances, the cost for renovating existing
facilities and the construction of additional buildings were very meager, while, in other instances the expenditures have been great. This has also necessitated the placement of tremendous demands on personnel to guide and train our present day youth to accept a wholesome position in society. In this great adjustment period, careful planning and thought are essential in bringing about improved conditions, relationships and methods that are necessary in the shaping of a purposeful school program.

The school of today has undergone many changes in its methods of organization and its fulfillment of purpose. In the change, an educational philosophy has emerged which has shifted emphasis from a stereotyped system of planning to one which allows participation in activities which will aid students to cope with everyday problems that have arisen as a result of the complexities of modern life. The school, as a part of the community, is assuming much of the responsibility in guiding and training people who are to become the leaders of the city, county, state and the nation. In order to perform this function it is important to keep in mind that without the proper facilities and personnel an adequate program of health services cannot be maintained on an equal basis with other departments of the school.

Health service in the public high schools of our urban
and rural districts throughout the nation is only a part of the health education program that is administered within them. It is important, then, that a clarification of interpretation be made to distinguish the health service program from other branches of high school health education.

According to a committee report of the Health Section of the American Physical Education Association in 1934 (15, pp.16-17) certain terms used to describe high school health education are defined as follows:

Health Service comprises all those procedures designed to determine the health status of the child, to enlist his cooperation in health protection and maintenance; to inform parents of the defects that may be present; to prevent disease and to correct remedial defects.

Health Instruction is that organization of learning experiences directed toward the development of favorable health knowledges, attitudes and practices.

Healthful School Living is a term that designates the provisions of wholesome environment, the organization of a healthful school day and the establishment of such teacher-pupil relationships that give a safe and sanitary school favorable to the best development and living of pupils and teachers.

Those divisions comprising the health program of our public high schools are:

Health Education (15, pp.16-17) is the sum of all experiences which favorably influence habits, attitudes, and knowledge relating to individual, community and racial health. School Health Education (15, pp.16-17) is that part of health education that takes in school
or through efforts organized and conducted by school personnel.

The relationship of those divisions associated with the health education program and the high school health education program is shown in the following diagram.

HEALTH EDUCATION

Public Health Education   School Health Education

Health   Health   Healthful
Service   Instruction School Living

In conclusion it is important that educators be cognizant of proper facilities, adequate and competent personnel, a plan of organization, the changing emphasis in education, cooperation between the home, school and community, and the responsibility the school assumes in guiding and training youth to become capable pursuers of those activities in order that demands, placed upon them by society, may be met.
STATEMENT OF THE PROBLEM

Since health is one of the cardinal objectives of education, it is imperative that every possible effort be made to improve its status, if it can be, in this modern society. More than ever before the health services in the school program are being recognized by leading educators throughout the nation as necessary to the proper physical development of the student and others.

In an editorial article (16a, p.251) entitled "Mid Century Children" the Maternal and Child Health Section of the National Health Assembly stated:

The overall goal toward which we are working is to assure every child the experience in life which will result in his attaining adulthood fully mature and healthy in body and mind, emotionally secure, able to face success and frustration with equanimity, to be self-reliant, to cooperate with his fellows, to take his place in a democratic society as a thoughtful, responsible citizen concerned with the common good.

No longer is emphasis being placed upon the school for the total training of the student. Today this is realized to be a joint responsibility shared more and more by the home and community. Cooperation and consolidation of facilities and abilities are helping to overcome those things which had previously been difficult problems to
solve. While considerable progress is being made in overcoming weaknesses and fallacies, there is still much to be done.

If interest is to be aroused that will lead to the development of improved conditions, it is necessary that those serving the school and community assume more responsibility for investigating, suggesting and making recommendations for improved conditions. In the health service field, according to the amount of research available, not enough has been done. However, many developments have taken place because of the growing need for them.

With enlarged enrollments, insufficient housing, limited budgets, more industry, and an insufficiency of teacher, doctor and nurse personnel, the public high schools and the elementary schools of Portland, Oregon, face a tremendous adjustment in order that demands placed on them by society be met.

In view of what has been discussed in relationship to progress the school has made, developments in the school, the need for research and economic problems faced by school systems located in heavily populated sections of the country, it is important that a study of health services offered in the Portland Public High Schools be made to find out what services are available and what needs to be done to improve its present status.
OBJECTIVES

In this study an attempt has been made to:

(a) find out about existing health services in the Portland Public High Schools;
(b) determine a need, if any, for the strengthening of health services;
(c) find out what other cities, comparable to the size of Portland, are doing in health service work;
(d) make recommendations, if needed, for improvements in the present program in the Portland Public High Schools;
(e) determine a need, if any, for increased personnel in order to administer a satisfactory health service program in the Portland Public High Schools and
(f) present the relationship of official and voluntary agencies in assisting with the administering of health services to Portland High School students.

PURPOSE OF THE STUDY

This study was undertaken in order to determine the status of health services offered to the students now enrolled in the public high schools of Portland, Oregon; to reveal possible problems relating to health services and provide a basis for recommended improvements if needed.
CHAPTER II

HISTORY OF HEALTH EDUCATION

BACKGROUND STUDY

When man first inhabited the earth his destinies were unknown. He was immediately placed in a position to compete with other members of the animal kingdom which, in brief, meant survival of the fittest. In this environment man was forced to use his greater power of intelligence in order to escape the dangers of his competitors. With this condition prevailing his main objective was protection in the form of shelter. This he was able to have and find in dugouts high up on cliffs, houses perched on pilings over water and huts made of stone and other impenetrable materials. Living in this fashion these early ancestors devoted their entire daily activities to food getting and caring for their young.

In acquiring the necessities required for continued life primitive man possessed only those tools that nature had given him, a pair of arms and hands and a set of legs and feet with which to accomplish his daily activities. As time passed changes took place that resulted in the developing of material tools, a more secure place to live, a method of obtaining warmth and an enriched taste for food. These changes helped him extensively in conquering
the hardships that previously had occupied most of his time.

Another problem confronting man at this time was disease. Because of his sheer ignorance in combating this danger he appealed to the powers of nature to assist him in overcoming those ailments which took many lives at an early age. Through curiosity, trial and error, and initiative to progress the pre-historic man undertook to make many investigations that later revealed information regarding the anatomical make-up of his body. The information acquired was of a limited nature and had little effect upon the preventive measures that are important in controlling and fighting against the invasion of disease.

As developments relating to the structures of the body and their functions took place many philosophies concerning them were expounded. Since history does not record the names of all who were responsible for the progress that has been made in the fields of medicine and health, it is of consequence to mention the names of two men, Hippocrates (460-370 B. C.) and Galen (130-201 A. D.), who did much in pioneering the way for further study that has enabled people to secure a better understanding and use of these sciences.

Hippocrates laid the foundations for the scientific practice of medicine by careful observations of the causes
and symptoms of disease, as well as of medical and surgical remedies. He also recognized that medicine is both an art and a science, and drew up a code of conduct for practitioners in the Oath of Hippocrates, which is still used in many schools of medicine. Further progress was made at Alexandria, particularly in surgery and anatomy, as the result of the increased knowledge of the structure of the human body derived from dissection. Opiates were used to deaden pain in surgical operations, pointing the way to the modern use of anaesthetics.

Galen was the last great medical writer of ancient times. In his many works he summed up the medical knowledge of his own time, second century A.D., for the benefit of coming generations. After Galen there was a gradual decline in medical theory and practice, and it was not until the sixteenth century that the revival of learning brought about a further advance in medical service.

Information concerning the functions and parts of the body continued to be studied and physical training for a more vigorous body was emphasized. With methods of warfare requiring demands on strength and bodily skill it was of utmost importance that effort be concentrated upon this phase of training for adulthood.

From the fall of the Holy Roman Empire until the reformation movement little progress in the improvement of
health took place. If anything, it was a period of retardation since this era reflects upheaval and poor organization among the masses.

The change that took place initiated a movement that has had much to do with our present system of living. It relieved people of religious oppression and gave them a sense of freedom that they had not experienced before. With this modification in life the elementary school made its debut with emphasis being placed on reading, writing and religion.

As one of the outstanding leaders in the reformation movement Martin Luther did not de-emphasize the stress on bodily development. He was very much a believer in those activities which tended to help one attain the goals which support the need for wholesome living. In view of this Luther (33, p.73) said, "...These two exercises and pastimes please me best, namely, music and gymnastics, of which, the first drives away all care and melancholy from the heart, and the latter produces elasticity of the body and preserves the health."

Others who advocated essentials which helped to pave the way for a broadened health program were John Milton, an English poet, Michael DeMontaigne, a French essayist,
and John Locke, an English physician and educator. Of these three men John Locke appears to be the strongest advocate since his field of activity was devoted partly to medicine. In the treatise, "Some Thoughts Concerning Education" Locke says (33, p.80):

"How necessary health is to our business and happiness, and how requisite a strong constitution, able to endure hardships and fatigue, is to one that will make any figure in the world, is too obvious to need any proof...The consideration I shall have here of health, shall be not what a physician ought to do but what the parents should do for the preservation and improvement of a healthy, or at least not sickly, constitution in their children.

In practically all writings on the subject of health, the parents responsibility to improve upon the well being of the individual was emphasized.

Predetermining factors such as epidemics and general illnesses moved the physician of the 19th century to assume the responsibility of acquainting the general public with how to improve their manner of living by writing books.

Marguerite M. Hussey states (19, p.1):

"Their books were written for adults and contained advice for the curing of illness and some general rules on how to keep from being ill. These authors felt that if correct information were widely disseminated people would follow the rules laid down for correct living and avoid those things which tended to impair health. They believed that
scientific knowledge was the prime factor in changing people's health practices.

John Dewey in many of his books emphasizes that a great portion of learning on the part of the learner takes place by the actual doing of a single activity. This can well be applied to a large portion of practices relating to government, religion, and economic controls, that were brought to America by our European and Asiatic ancestry. In many ways their experiences proved very helpful in shaping plans that were to be used as governing forces in regulating the populace. This is particularly true in respect to the health service program which has long been a principal concern of school educators.

The beginning of school health service work in the United States dates back to the latter part of the 19th century when fifty physicians were employed in the public schools of Boston following a series of epidemics among its children. A person partly responsible for this undertaking was Samuel Burgen who began pioneer school health work in Boston in 1889. No available records are to be found concerning the results of this addition to the school system. Very soon after this other large cities and states adopted similar plans to improve their school health programs.

A brief synopsis of the developments that took place
in areas outside of Boston, according to Wood and Rowell, is as follows (39, p. 19):

Chicago began health work in schools in 1895; New York in 1897; Philadelphia in 1898. The first state law relating to medical inspection was passed in Connecticut in 1899 and this required the teachers to make a test of the eyesight of each pupil every three years. Eye, ear and throat examinations were made compulsory in Vermont in 1904. Two years later Massachusetts adopted a similar law requiring vision and hearing tests.

In 1914 ten dental hygienists were introduced into the schools of Bridgeport, Connecticut, by Dr. Alfred Jones, who is considered as the father of this movement.

From the year, 1917, to the present time much progress in the field of school health work has taken place. Speaking of the advancement the program has made C. E. Turner (37, p. 42) says:

Much of the credit for its initiation, promotion and development in this country should be given to the Child Health Organization of America (1918-1922) ....the American Child Health Association, and the National Tuberculosis Association, and the National Education Association, together with governmental agencies, colleges, and universities, which have been the major factors in its development.

As in many fields which involve the coordinated efforts of many people in order to obtain results, the health program has succeeded in narrowing its emphasis to those things which are considered the most important to
the students' well being.

C. E. Turner summarizes the emphasis of the modern school by saying (37, p.42):

.....Schools have found it necessary to concern themselves increasingly with indirect learnings of children through sanitation, health services and other school experiences, which have often been found to be contradictory to direct health instruction. The home and the school have come closer together in the health training of the child, and, to an increasing degree, schools have joined in community-wide efforts to improve various aspects of the public health.

Through the efforts of groups and organizations to improve health status among students and teachers, laws have been enacted by the legislature and have proved invaluable in controlling the action of school boards to provide monetary appropriations for competent supervision and care for those in need.

In the state of Oregon laws relating to the Oregon Public School System, which have been enacted by the legislature to govern the health of those connected with school activities, are as follows (30, pp.162, 198, 199, 202, 329):

Registration of certificates: Health certificates. No certificate issued by the superintendent of public instruction shall be valid until it has been registered, for the school year in which it is to be used, with the
county school superintendent of the county in which the holder thereof proposes to teach and until such person has filed with such county school superintendent a certificate of health issued by a duly licensed physician, countersigned by the county health officer of the county in which the teacher is to teach, showing that such person is free from communicable tuberculosis. This certificate of health shall remain on file with said county school superintendent during the time of the teacher's employment in the county. The state board of health is hereby authorized and empowered to adopt and promulgate regulations governing the type of examination to be given to ascertain whether or not such person is free from communicable tuberculosis. The state department of education shall furnish the required certificate blanks.

Physical Examination of Pupils.

**Supplies and instruction:** Preparation by superintendent of public instruction. The state superintendent of public instruction shall provide, prepare, or cause to be prepared blanks or other supplies for the examination of all children attending the elementary public schools of the state of Oregon, for the purpose of determining defects of vision, hearing, breathing, dentition or other external obvious physical defects which will prevent or interfere with the normal education of the child. He shall provide, prepare or cause to be prepared necessary instruction for the use of the tests, blanks, records and other supplies and shall furnish same to the elementary schools of the state.

**Time of examination:** Report to superintendent of public instruction. The superintendent, principal or teacher in every elementary public school of the state shall, during the first month of the school year make the examination or tests provided for in section 111-2911 in such manner as shall be required by the state superintendent of public instruction and prepare the same upon the blanks furnished and make a written report thereof to the state superintendent of public instruction.

**Report to parent of physical defects.** The superintendent, principal or teacher shall report any physical defects of any child under his supervision to the parent
or guardian as soon as such defects or defect are apparent to observation or revealed by examination or test; provided, that any blank, record or other form or method employed to communicate knowledge of any defects to any parent or guardian shall, without further direction, simply state that such defects are apparent.

Objection to examination: Exemption. Any parent or guardian may object in writing to the superintendent, principal or teacher against the examination of his or her child or ward and such pupil shall be exempt from any examination or test for or on account of any physical defect or noncontagious disease.

Dental Inspection.

Dental Inspections in districts with more than 25,000 pupils. Every district school board in cities where there are enrolled and in attendance at the public schools therein not less than twenty-five thousand (25,000) pupils shall have authority to cause dental inspection to be made at least once in each school year of each pupil attending school in such district at the time of such inspection.

Equipment and quarters: Quality of work: Charges: Consent of parents. Every such school board shall have authority to furnish necessary instruments and equipment and to provide suitable quarters in which either dental examination or treatment in such district may be made. And such dental examination and treatment shall be scientific, sanitary and efficient, and may be furnished by such school board free of expense to the pupils whose parents or guardians are, in the opinion of the board, unable to pay therefor; provided, however, that the charges, if any, made by such school board for such examination and treatment shall be fair and reasonable, provided further, no pupil shall be required or permitted to receive such examination or treatment without the written consent of the parents or guardians of such pupil.

Report to parents: Selection of dentist: Certification of treatment. The result of such inspection shall be reported in writing by the person, or persons, making
the same to the parents or guardian of any pupil requiring
dental treatment in the opinion of the person making such
inspection; provided, however, that after receiving such
report from the person or persons making the inspection
the parents or guardian of any pupil requiring dental

treatment as shown by such report may elect to have the
necessary treatment shown in such report as being necessary
for the health of such pupil performed by a dentist of
their own choosing, but such dentist must supply such
pupil with a certificate attesting that the work was per-
formed in accordance with the inspection provided by such
school board, and such certificate shall be made a matter
of record by such school board.

Injury from treatment: Nonliability of school dis-
trict and directors. No school district, or any school
director, shall be liable to any pupil, or to the parents
or guardian of any pupil, for or on account of any claim
of any nature whatsoever for damage on account of any
action of any person in connection with dental treatment
hereby authorized.

Cooperation and sharing expense by district with
others. Every such school board shall have authority to
coopoperate with and share the expense of such inspection
and treatment, if desirable, with any other organization
or individuals.

Duty of principal or teacher on discovery of disease
or exposure thereto: When return to school permitted.
Whenever any school principal or teacher in any private,
parochial or public school has reason to suspect that any
pupil is afflicted with or has been exposed to any com-
municable disease required by the rules and regulations
of the state board of health to be excluded from school,
such principal or teacher shall send such pupil home and
report the occurrence to the local health officer by the
most direct means available, and any pupil so excluded
shall not be permitted to again attend school until such
pupil shall present a certificate from a legally qualified
physician stating that such pupil is not afflicted with
nor a carrier of any communicable disease.
Prohibiting attendance of teacher or pupil where disease prevalent: Unvaccinated children: Revaccination. Any board of school directors may, on account of the prevalence of any communicable disease or to prevent the spread of such communicable disease, prohibit the attendance of any teacher or pupil upon any school under their control, and may specify the time during which such teacher or pupil shall remain away from such school, and may prohibit the attendance of any unvaccinated child, who has not had the smallpox, upon the school under their control, and shall also have power to decide how far revaccination shall be required if a case or cases of smallpox have occurred in the city or district.

Power as to crippled children's services. The state board of higher education, acting by and through the University of Oregon medical school, hereby is authorized and empowered:

a. To make all necessary rules and regulations for administering services to crippled children under this act;

b. To accept and disburse any and all federal funds made available to the state of Oregon for services for crippled children;

c. To make such reports in such form and containing such information as may, from time to time, be required by the federal government, and comply with such provisions as may, from time to time, be found necessary to insure correctness and verification of such reports;

d. To cooperate with medical, health, nursing, and welfare groups and organizations and with any agencies in the state charged with administering state laws providing for vocational rehabilitation of physically handicapped children;

e. To cooperate with the federal government through its appropriate agency or instrumentality in administering the provisions of this act;

f. To accept and receive funds, money or other valuable things from relatives, corporations or interested persons or organizations for the care of crippled children as defined in this act, and to spend the same for the purposes for which such funds, money or other valuable things were received; to accept and receive fees for services rendered under the provisions of this act. All moneys received under the provision of this section shall
be deposited in the general fund in the state treasury to the credit of the crippled children's account and shall be disbursed in the same manner as the moneys appropriated for carrying out the provisions of this act.

The responsibilities for health guidance and protection of school children in most states are allocated to the local boards of education and to boards of health. A dual responsibility combining the efforts of both are not uncommon. While there are many schools of thought concerning who should assume the responsibility of administering health services in the public schools no universally adopted procedure of handling this department has been developed. In many cities, however, throughout the United States the local boards of health administer whatever direct health services are provided for the promotion of desirable health in schools.

In the public schools of Portland, Oregon the Curriculum Council (12, p.1) in its Handbook entitled "Health and Adjustment Services" points out that:

Medical and nursing service is administered in the public schools under the direction of the Portland Bureau of Health. Public health nurses, who are registered graduate nurses with an additional degree in public health nursing, are assigned to schools according to the pupil enrollment and the geographical area served. A program which is recognized and accepted jointly by educational and medical groups is developed with the sanction of the Health Office and the Superintendent of Schools. The public
health nurse is charged with the performance of specific duties which are designed to give nursing to the greatest number of pupils.

Public schools in the past two decades have had to adjust their curriculums and personnel to train youth to meet the problems arising from the diversity of activities which have become very apparent while at the same time they must help train them to earn a living. A common expression, "He is a jack of all trades," is losing its significance because youth in preparing for their adult livelihood are thinking in terms of becoming specialists. This is especially true with our present public school systems as the personnel selected is with the specialized point of view in mind.

Where the classroom teacher formerly performed a multitude of duties she has been relieved in many modern schools with the change in school practices that gives her the opportunity to do the thing that she does best.

The health division of the school program today is made up of personnel who are responsible for the proper handling of those receiving guidance and medical care.

In schools today that provide an adequate health staff the personnel is as follows: The School Administrator, the physician serving the school, the nurse, the physical educator, the nutritionist, the dentist, the dental hygienist, the supervisor of health education, the
classroom teacher, and the psychiatrist, who sometimes also performs the duties of the psychologist.

The school system of Portland, Oregon is traceable to the middle part of the 19th century. According to T. H. Crawford (13, p.--) in his historical sketch of the Public Schools of Portland, Oregon who says:

The first day school of any kind in Portland was opened in the fall of 1847 by Dr. Ralph Wilcox. It was conducted in a house erected by Mr. McNemee at the foot of Taylor Street.

At this particular time county and city lines had not been established which made it difficult to raise money for the operation of schools.

Later as the population increased and became more stable the necessity for school organization led to concerted action that resulted in the formation of a new school district. Mr. Crawford further relates:

The first business of importance before the new district was the erection of a suitable school building.

A long discussion ensued. Benjamin Stark opposed--suggesting that, as the county would soon be called on to erect a jail this school tax should prove burdensome. Colonel J. M. Keeler replied that the erection of a school house should have the first consideration and suggested that if the school interests were more carefully fostered, a jail would prove indeed a burden, because of its uselessness in the community!
Since these early days to the present time many changes have taken place that have involved a keener insight into and more forethought on the problems facing successive school administrators and board members. From a small community Portland has grown to become one of the twenty-five largest cities in the United States.
CHAPTER III
STANDARDS FOR EVALUATING SCHOOL HEALTH SERVICES

Through the cooperative efforts of teachers, physicians, dentists, nurses, and others, many activities are conducted at schools for the health protection and improvement of students and school personnel. Such activities properly include those relating to the care of emergencies whether resulting from sickness or injury, to the prevention and control of communicable disease, and to health counselling.

Suggested School Health Policies (36, p.19) states that

The full value of health protection and improvement services are made part of students' learning experiences, which increase knowledge, develop attitudes and influence behavior.... The success of a school health service program should be gauged from its contribution to students' health education as well as its direct value in protecting and promoting health.

Standards For Health Administration

While there is general agreement as to the medical, dental, and nursing procedures applicable to students there is still considerable discussion and disagreement regarding administrative relationships. The controversy concerning the administrative control of school health, begun many years ago, continues to be discussed as to what
the association should be between the Boards of Health and Boards of Education. Differences of opinion have arisen in regard to training and experience of school and health authorities. Diversity of needs and different methods used in widely scattered localities have added to the complexities in reaching definite conclusions.

The arguments for and against administration under a Board of Education or a Board of Health according to Chenoweth and Selkirk (10, pp.339-342) is summarized as follows:

I. Under a Board of Education.

1. Children in school are directly under educational authorities and provisions for their health should be included in the general program.
2. Responsibility for equipment, sanitation, and hygienic arrangement of the school program belongs to the schools, and other measures should be included.
3. Teaching is a primary function of the school. Health and physical education should be administered directly by school authorities.
4. Teachers cooperate better with a Board of Education.
5. Divided administration leads to friction and confusion.
6. The schools are better able to determine what is best for school children.
7. Board of Education usually commands larger funds and their budgets are determined with less political interference.
8. The rapid extension of health supervision of school children under Board of Education demonstrates this to be a logical development.

II. Under a Board of Health.

1. The Health Department has legal status to
control communicable diseases at all ages. Children of school age are especially susceptible to many of these diseases.

2. The Health Department is better organized and equipped to handle communicable disease.

3. Children are under the control of the school only four or five hours out of each 24 hours; the rest of the time they are a community problem. The Board of Health is responsible for the health of the whole population, of which school health is only a part.

4. The Health Department has better knowledge and control of general community conditions.

5. Duplication and overlapping of services by doctors, dentists, and nurses is avoided.

III. Cooperative arrangement between the Department of Health and Department of Education.

1. Communicable disease control should be under the Board of Health. School physicians and nurses report cases of communicable disease to the Health Department.

2. Sanitation of the school plant should be referred to the Board of Health for inspection and recommendation, actions to be taken by the Board of Education.

3. The Health Commissioner may be a member of the Board of Education.

4. The Board of Health may appoint an Assistant Bureau Chief in charge of Child hygiene, who is designated as an Assistant Superintendent of the Board of Education in charge of school health. He also may have health work in parish or private schools under his supervision.

5. All health teaching in the schools should be carried on through the Board of Education with subject matter suggested or approved by health authorities.

6. Administration of Health and Physical Education may be combined under one administrative unit with an advisory committee of health authorities.
Scope of Health Services

Activities that are recognized as essential to a school health service program are, (1) the periodic health examinations and appraisals; (2) observations and inspections for signs of diseases; (3) immunization and vaccination; (4) follow-up procedures to secure the correction of remedial defects; (5) the use of family physicians, dentists, clinics, hospitals and other agencies for the care and treatment of those in need of such services; and (6) first aid and care of sudden illness.

Professional Personnel Routinely Participating in School Health Service Work

Although there are many types of personnel indirectly associated with health service work in the schools, such as physical educators, health coordinators, health instructors, administrators and teachers, it is necessary that those routinely participating in the program be described. Those devoting full-time in school systems where the program is adequately set up are (1) the physician; (2) the nurse; (3) the dentist; (4) the dental hygienist; (5) the psychiatrist; (6) the psychologist; and (7) the visiting teacher.

The first requirement, according to Turner (37, p.44),
of a physician serving the schools is that he should above all be a fine human being and a good doctor. His activities in directing the program are (1) to assist in the administrative development of the school health service and to perform the medical functions necessary to its successful operation; (2) to assist the administrator in coordinating the medical service with other phases of the school health program; (3) to assist school and health authorities in convincing the public of the need for the school health program and to help the school administrator understand the health problems of the community and the relationships which they bear to the school health program and (4) to see that school health services are not only adequate and effective but also to see that they contribute to the constructive learning experiences of the child.

Special training on the part of the physician is desirable when working with and giving medical service to high school students. Turner (37, pp.45,46) says that the physician should have training relating to

1. Basic principles of public health including general philosophy of mass health protection, epidemiology, vital statistics, record systems and record keeping, environmental sanitation, and public health administration.

2. Growth and development of the child, the philosophy of modern education and its relationships to other community endeavors, an understanding of school procedures and organization, educational supervision and administration, educational psychology, the administration of school
health programs (including development of health education curricula), the organization and conduct of special classes such as speech correction, lip reading, and sight saving, the development of school mental hygiene program, mental testing, and school architecture, 'as well as knowledge of official and voluntary agencies such as social agencies and state and national health and welfare agencies.'

3. Experience in working with individuals and groups, in developing good public relations, in public speaking and publicity methods, in parent education and student counselling, and in studying the socio-economic factors which influence health in the home and community.

The American Association of School Administrators (2, p.261) says,

While the training of many nurses now employed in schools includes only graduation from a recognized school for nurses and registration in their state, the tendency is for this requirement to be increased.

......Some states require a public health nursing certificate from a school approved by the National Organization for Public Health Nursing. Since 1938, thirty hours of professional education beyond graduation from a school of nursing are required before a professional certificate is granted in the state of New York.

The duties of the nurse stated by Turner (37, pp. 46,47) are:

1. To understand and to work with well children;
2. To acquire sufficient understanding of educational administration and educational methods to be able to work in the school as an integral part of it;
3. To use tests and measurements of health status;
4. To instruct and supervise others in using such tests;
5. To correlate results of health tests and measurements with standards of normal growth and development;
6. To instruct and supervise in the application of health appraisals and health observation techniques;
7. To interpret to teachers the importance of medical follow-up and the use of records in relation to follow-up;

8. To advise teachers in achieving and maintaining the best possible environment through her knowledge of school sanitation and other environmental factors affecting children's health and through her ability to interpret them;

9. To employ health education techniques as she renders service to children, teachers and parents;

10. To participate in the health education of teachers and parents both individually and in groups;

11. To interpret community health resources to school authorities and to assist school personnel in utilizing them and

12. To interpret school health objectives to parents and assist them in achieving a carry-over into the home.

Full-time psychiatry in many school systems throughout the United States has not been established. The need for psychiatry is realized, but budget limitations and an insufficient supply of trained personnel prevents this phase of the program from enlarging. Allen (1, p.1208) states:

The most important step to broaden and improve professional training was taken by the federal government when the national act was passed. This act empowers the U. S. Public Health Service to provide grants-in-aid to recognized and competent training centers to enable them to train more psychiatrists, psychiatric social workers, psychologists and psychiatric nurses.

The psychiatrist in many large cities performs his duties in the child guidance clinics instead of in the schools. In this situation they serve both the community and the schools.

According to the American Association of School
Administrators (2, p.256) it is stated that "To be eligible for appointment psychiatrists should hold diplomas from the American Board of Psychiatry and Neurology."

The work of the psychiatrist is limited to the mentally and emotionally disturbed child. He can be of great service in bringing teachers to know whether psychiatric or educational treatment is required in given instances. Also it is important that his services be employed in the development of school policies and programs.

Working with the psychiatrist are visiting teachers who are recognized as case workers. Many visiting teachers have backgrounds of understanding and successful work in the classroom. Their preparation includes four years in a school of education with courses in the psychology of childhood, of adolescence and delinquency, educational and experimental psychology and educational sociology. A year of preparation in social case work involves courses in child welfare, behavior problems, general case work community organization and methods for visiting teachers. The minimum amount of case work training that a visiting teacher may have in order to qualify for that profession is one year or the equivalent of a master's degree. It is recommended, however, that they have two years of training.

Many large school systems employ the services of psychologists to deal with academic problems and individual
differences among children. The training of a psychologist is not required to exceed that required for the master's degree, with specified courses in psychology of learning, educational psychology, educational measurement and statistics.

Dentists appear in the schools with less frequency than physicians. The American Association of School Administrators (2, p.253) says: "With less than an equivalent of one full-time dentist in a school system with more than fifty thousand children enrolled, not much direct work can be expected in the way of dental inspection, referred to agencies, and direct dental education."

The work of the school dentist supplements that of the school physician, adding details to the inventory of the health status of students. Examinations given by the school dentist usually result in statements concerning such dental conditions that may require treatment by the family dentist or by some other agency.

The qualifications of a school dentist include the standard training of a recognized school of dentistry with the degree of Doctor of Dental Surgery.

Many school systems employ the services of dental hygienists. Their work includes the keeping of records which they make available to teachers and others concerned with health guidance activities; assistance in the teaching
of dental hygiene as they work with students; assistance to the dentist with examinations and suggesting materials or possibilities to teachers for use in the classroom. Requirements for dental hygienists are low compared with other personnel in the program. In certain instances, only an elementary education is necessary to qualify applicants for a competitive examination on whose results appointments are based. In other places completion of a one-year course is required. Two-year courses are available leading to the degree of Graduate Dental Hygienist.

Physician and Nurse Student Loads

The number of nurses and physicians working in school systems throughout the United States vary considerably. This is due mainly to budgetary limitations that restrict the recommended number from being employed. The American Association of School Administrators relates that a survey involving ten cities known for their work in health education showed that the school physician appears in a ratio which varies from one for two thousand students to one for sixteen thousand students.

The employment of nurses as well as of physicians competes with the same obstacle, budgetary limitations, and therefore they are greatly overloaded in extending the needed care that should be given to students. The joint
Committee on Health Problems in Education (28, p.36) states that a school nurse can render "fairly satisfactory service to fifteen hundred pupils of elementary school age or to two thousand to twenty-five hundred high school students, unless transportation takes up too much time."

Facilities

School boards and administrators in planning their building programs twenty-five years ago were unable to foresee the future needs for adequate health service facilities which are an increasing need in every school plant today.

Brownell (5, p.176) says:

Most modern school buildings contain a health suite, which includes a health room, rest rooms (one each for boys and girls), and offices for the health service personnel. The health room is used for regular and special examinations, conferences with parents and pupils, and as a first-aid room. As indispensable as classrooms and laboratories, the health room requires privacy and an attractive appearance. A light, well-ventilated, orderly and properly furnished health room inspires confidence in the person conducting the examination or special observation and creates respect for the health education program. A length or width of at least 22 feet permits standard screening tests for visual acuity.

Not only should the room be one of attraction and convenience but it must have the proper equipment that is needed for use in giving physical examinations.

Mustard (27, p.217) states that the equipment needed
is:

1. Beam scales and measuring rod.
2. Snellen test cards: standard and letter E.
3. Wood tongue-depressors, and a place to throw used ones; glass slides, which are only occasionally needed; sterile swabs.
4. Stethoscope, otoscope, flashlight.
5. Alcohol or some other disinfectant for use after examining children with scabies, conjunctivitis, etcetera, and for wiping off otoscope and similar uses.
6. Other equipment in accordance with examiner's desires; some use head mirror, perimeter, sphygmomanometer.
7. Forms for record of findings.
8. Spotlessly clean apron for nurse and equally spotless coat for physician.

In addition to the equipment listed by Mustard it is generally considered desirable to have (1) a telephone; (2) a stretcher; (3) at least two cots; (4) a typewriter and (5) suitable office furniture.

The location of the room should be close to the principal's office. This allows for accessibility to records in case any desired information is to be obtained about the student in question.

Physical Examination

There are differences in opinion concerning the frequency of school health examinations. It is found that school systems vary the examination at different grade levels and some give them more frequently than others. There is no set policy concerning whether the school or
the private physician should give the examination. In most places the student has his choice. However, according to Suggested School Health Policies (36, p.28) "Every effort should be made by the school to have special and required periodic examinations done by a private practitioner of medicine, preferably the student's own physician."

The frequency of the physical examination as stated by Suggested School Health Policies (36, p.28) says, "During their school years students should have a minimum of four medical examinations; one at the time of entrance to school, one in the intermediate grades, one at the beginning of adolescence and one before leaving school."

According to a joint statement issued by Rex Putnam, Superintendent of Public Instruction in Oregon and Harold M. Erickson, State Health Officer in Health Examinations of Pupils in Oregon schools (18, pp.5-6) concerning physical examinations it is stated that:

A. All pupils entering school for the first time. Preschool examinations are preferred.

B. All pupils referred through teacher-nurse screening. When routine examinations can be given to only those children entering school, increased emphasis should be placed on teacher-nurse screening especially in the upper elementary grades and in secondary schools. Procedure described in the publications "Health Services for the School-Age Child in Oregon" (page 19, part F) and "Oregon Manual for the Use of the Health Record Card" (page 13).

C. All pupils new to the school system. Examinations are not necessary if a satisfactory health record
is provided from the previous school attended. (See "Oregon Manual for the Use of the School Health Record Card" page 10, part A 6).

D. All pupils entering ninth grade or seventh and tenth grades. Where sufficient professional personnel is available to provide routine examinations in two grades it is strongly recommended that pupils entering the ninth grade be examined in addition to those areas where it is possible to have three routine examinations during the school life of the child, it would be desirable to have such examinations in the first, seventh and tenth grades. This would provide two examinations during the elementary school age with an examination near the beginning of puberty and another in the very important period of adolescence.

E. Students participating in strenuous athletics should be examined in accordance with the provisions described in "Health Services for the School-Age Child in Oregon" (page 23, part 1).

The American Public Health Association recommends that a minimum of five minutes be allowed for each examination whereas present practice often reduces this minimum to one minute or less with fifty to seventy children passing before the physician within a sixty-minute period.

Health Examinations of Pupils in Oregon Schools (16, p.6) indicates that "...sufficient time should be allowed so that the doctor has an average of at least 15 minutes for each child."

Byrd (8, p.214) says, "The medical examination in the school should be an educational experience for the child and the trend is for fewer but better medical examinations and conferences with child or parent, in which personal
health guidance is given."

Nyswander in her study of school health service to students enrolled in the elementary school of the Astoria district of New York City proposed that the eighth grade medical examination be abandoned and that the examination for all entering children be continued. In replacing the procedure for giving all eighth grade students examinations a referral plan was put into force whereby only those with noticeable health problems, in any grade, were selected to be given the medical examination. This method proved satisfactory to the extent that 80 per cent of those selected indicated health problems and the examination without selection exhibited 40 per cent health problems. By this new procedure Nyswander says....."The health of the school child is markedly benefited in that he enjoys the advantage of much more prompt medical counsel at a time when such counsel is needed."

In relationship to the medical examination that is given on the assembly line basis Nyswander (29, pp.295-6) wrote:

.....The hurried examination is regarded as wasteful. It overlooks important facts, calls attention to conditions that are at the time not significant, and does not inspire respect for the child or parent. This type of inspection ignores the previous history of the child which may have an extremely important bearing on the conclusion reached.

Brownell says (5, p.78):
Parents should arrange for the correction of remediable defects of children during summer vacations. Not only do these months provide adequate time for the leisurely correction of defects, but the improved physical condition of the child and the infrequency of communicable diseases during this period (which naturally retard convalescence) serve to highlight the significance of vacation periods as an excellent time for removing unhealthful conditions.

The chest x-ray that is given to physical education students and athletes is disputed by some as being the most satisfactory way to detect tuberculosis. In an article entitled "Results of Fifteen Years of Tuberculosis Control in Rural Minnesota" (23, p.73) it is stated:

There is controversy over the proper way to carry out control measures for tuberculosis. There are some who advocate routine chest x-rays without tuberculin testing and others recommending tuberculin tests to identify the infected group in which x-ray examinations should be given.

Statistics concerning the number of high school students found to be infected in Portland were not available.

Turner states that... "Tuberculin testing of teachers and secondary school children, with the taking of an x-ray of the positive reactors is now recommended as a universal practice."

**First Aid**

There should be a definite place to render care to a patient until the services of a physician can be secured.
This is definitely a responsibility of the school. In meeting this problem the administrator should delegate someone to be responsible in the absence of the nurse and the physician. Information should be available so that the parents can be easily notified.

A plan should be agreed upon by the school and health authorities and parents for calling a private physician in an emergency. The name of the family physician should be listed on the student's registration forms or his health record card.

A plan for sending the student home should be agreed upon by the parent and the school. This is usually taken care of in most places when the student enters school in the fall.

**Control of Communicable Disease**

The school's chief responsibility in the control of communicable disease is: to encourage parents to make full use of all available preventive measures; to see that sick students do not come to school; to arrange to return home children who become sick while at school; and to protect students as far as possible from exposure to communicable diseases. This means close cooperation with parents and health departments.
Services for the Physically Handicapped

Care for the physically handicapped is in most instances conducted on a referral basis between the school, the physician and hospitals.

Service organizations play an important role in helping the indigent to receive corrective equipment such as braces, glasses and so forth. In the Portland public high schools counsellors through or by advice from the nurse aid the handicapped by arranging class schedules that afford a minimal amount of exertion from the student.

Brownell (5, p.190) states that,

Determination of crippled and posture-defective cases in need of special education rests primarily with the orthopedic physician. Teachers may assist in referring cases to him for examination, but the problem of deciding whether the child should remain in the regular class or transfer to a special school is largely medical rather than educational. The physician's responsibility extends further to determining the amount of time the child shall spend in school, to recommending the type of special equipment required, and to assisting the school authorities in the selection of a program designed to meet the needs of the individual.

Follow-Up-Work

Examinations are of little value unless there is a planned follow-up program. Turner states that "Parents, teachers and pupils should be informed as to the findings of the examinations. The most effective plan includes a
health conference at the conclusion of the examination, at which time the physician discusses the status of the pupil's health."

Students having appointments for vision and teeth care should be excused from classes. In many instances corrections should be made in the early part of the day when the student is rested and emotionally more fitted to submit to treatment. In the instance of difficult cases, the nurse should instruct the parent in regard to the importance of medical advice and treatment. After corrective work has been finished and the report of these corrections has been received, the teacher and the nurse should confer again in regard to the student's progress.

Records

Each student should have a record kept of his physical condition from year to year, if the maintenance of good health is to be attained.

The shape, color arrangement and content of school health records vary, but the following items stated by Mustard (27, p.227) should be considered:

1. Identifying data: name, date of birth, sex, color, grade, address, parents' names.

2. Significant facts in past history.

3. Record of findings of each examination, with date.
4. Cumulative record of current services or contacts with child: home visits, exclusions from school, communicable diseases, correction of defects.

Records should be filed so that they are at all times available for reference and used by nurse and school physician. The teacher should be notified of findings on each student. The size of the school record varies in many school systems. Mustard says that the "Size of school record is usually five by eight inches. A larger size is better. A good grade of paper is even more satisfactory than cardboard." (27, p.227)

Extent of Health Services

The extent of health services in public schools throughout the United States vary. Administrators and school boards are undoubtedly aware of conditions in their schools, but due to various restrictions there is little that can be done to make necessary improvements. Suggested School Health Policies (36, p.32) in regard to this situation says:

In practice the services for health protection and improvement made available to the pupils of any school are sharply limited by considerations of budget, experience with end-results, professional judgment and common sense. School expenditures for health protection and improvement services should be guided by the overall objectives of these services in the light of total community resources for the support of such services.
CHAPTER IV
THE STUDY

Information about health services in the Portland public high schools was secured through personal conferences and official reports. Conferences were held with school administrators, city health officials and others who were in authoritative positions and helped with administration of the health service program. Sixteen questionnaires (see Appendix) were sent to superintendents of school systems in cities similar in population size to Portland.

Before any information is given concerning the availability of health services to students enrolled in the Portland public high schools it is important that a description of that part of the school system which is involved in the study be given. The factors to be considered are as follows:

1. The number of high schools.
2. The total number of high school students enrolled.
3. The total number of teachers, principals and vice-principals.
4. The agencies outside the system that direct and assist the health service program.
5. The organizational plan showing the relationship of the health service department to the other departments of the administration.
6. The present health service program and its function.

According to H. W. Ager of the Portland Public Schools the enrollment figures in the high schools for the
TABLE 1
ENROLLMENT OF PORTLAND HIGH SCHOOLS
FEBRUARY 1950

<table>
<thead>
<tr>
<th>Name of High School</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benson</td>
<td>1939</td>
</tr>
<tr>
<td>Cleveland</td>
<td>1145</td>
</tr>
<tr>
<td>Franklin</td>
<td>1844</td>
</tr>
<tr>
<td>Grant</td>
<td>1980</td>
</tr>
<tr>
<td>Girls Polytechnic</td>
<td>761</td>
</tr>
<tr>
<td>Jefferson</td>
<td>2174</td>
</tr>
<tr>
<td>Lincoln</td>
<td>1577</td>
</tr>
<tr>
<td>Roosevelt</td>
<td>1495</td>
</tr>
<tr>
<td>Washington</td>
<td>1668</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14,583</strong></td>
</tr>
</tbody>
</table>

Next six years, on a projected basis, will show an increase of 2,527 students. Since the population of Portland is rapidly increasing the actual enrollment for 1956 will be much greater. Already the anticipated figures for 1952, which are 14,378, have been exceeded by 205.

TABLE 2
PRINCIPALS, VICE PRINCIPALS AND TEACHERS
EMPLOYED BY SCHOOL DISTRICT NUMBER ONE

<table>
<thead>
<tr>
<th>Name of High School</th>
<th>Administrators</th>
<th>Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benson</td>
<td>3</td>
<td>76</td>
</tr>
<tr>
<td>Cleveland</td>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td>Franklin</td>
<td>3</td>
<td>68</td>
</tr>
<tr>
<td>Grant</td>
<td>3</td>
<td>74</td>
</tr>
<tr>
<td>Girls Polytechnic</td>
<td>2</td>
<td>28</td>
</tr>
<tr>
<td>Jefferson</td>
<td>3</td>
<td>86</td>
</tr>
<tr>
<td>Lincoln</td>
<td>3</td>
<td>55</td>
</tr>
<tr>
<td>Roosevelt</td>
<td>3</td>
<td>54</td>
</tr>
<tr>
<td>Washington</td>
<td>3</td>
<td>59</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>26</strong></td>
<td><strong>540</strong></td>
</tr>
</tbody>
</table>
The agencies assisting with health service work in Portland's public high schools are both voluntary and official.

The official agencies are those organizations that are supported by public funds derived from taxes. The agency providing personnel and directing the health service program in the Portland school system is the Division of School Hygiene in the Portland Bureau of Health under the direction of Joseph P. Cleary, M. D.

The voluntary agency is that organization which is supported by bequests, contributions and endowments. The relationship of the voluntary agency to the health service program in the high school is solely on a referral basis. Voluntary agencies are sometimes able to assist in securing remedial care for those who are in need. The school physician or nurse makes recommendations to the appropriate agency for the treatment of physical impairments and maladies of the indigent person.

Services of the Division of School Hygiene to School Age Children

The services to school age children for which the Division of School Hygiene is responsible are protection
through immunization, communicable disease control; vision-handicap detection and follow-up activities; hearing-handicap detection; audiometer tests and follow-up activities; consultation and follow-up of crippled children and home teachers. This bureau offers consultation regarding child health and nutritional problems; follow-up of tuberculosis contacts among school children; generalized nursing in the large housing areas including pre-natal, post-natal, infant and pre-school child conferences.

Agencies Cooperating With the Bureau of Health

In cooperation with the Division of School Hygiene of the Bureau of Health in rendering services to high school students the following official and voluntary agencies offer valuable aid:

1. University of Oregon Out-Patient Clinic. This clinic receives grade and high school student referrals for medical care.

2. City-County Survey Center. Functions under the Portland Bureau of Health in cooperation with the Multnomah County Health Department and the Oregon Tuberculosis Association. The survey center is open to the general public on specified days of the week, except in the case of children under six years of age. Children between the ages of
six and twelve years may be x-rayed if accompanied by their parents. The purpose of the Survey Center is to screen from the apparently well population those who may have a tuberculosis infection without signs or symptoms, by taking miniature x-ray films of the individual's chest.

3. Multnomah County Medical Society. Families are referred here or to their private physician in case of a communicable disease for professional advice.

4. Child Guidance Clinic. At this place the student who has behavior, personality, speech and learning problems receives psychiatric study and treatment. The clinic is supported by School District Number One, the University of Oregon Medical School and the Juvenile Court.

5. The School Health Committee of the Multnomah County Medical Society. Through this committee instructions are given athletic directors and coaches regarding procedures in caring for athletic injuries and emergencies.

6. The Department of Special Education. All cases requiring the attention of the Division of School Hygiene arising in the elementary and secondary schools of School District Number One are referred
and cleared through this department.

7. American National Red Cross, Portland-Multnomah County Chapter. This agency provides a program of services to civilian life through promotion of health activities, such as home nursing, first aid, water safety, accident prevention, nutrition and so forth.

8. The Boy's and Girl's Aid Society of Oregon. Provides counsel and guidance to pregnant girls and unmarried mothers who wish help in making plans for the best welfare of their children.


11. Mental Health Association of Oregon. The objectives are conservation of mental health, prevention of mental illness, the extension of facilities for early treatment and improved hospital care for the mentally ill.

12. Oregon Tuberculosis and Health Association. Objectives are the improvement of health and health facilities and the eradication of tuberculosis.

tests and maintains a hearing aid conservation service.

14. Portland Isolation Hospital. A contagious disease hospital for care of patients with communicable diseases who cannot be accepted for care in general hospitals because of the necessity for isolation.

15. Shriners Hospital for Crippled Children. An orthopedic hospital for children furnishing medical and surgical attention to children of fourteen years and under, regardless of race, creed or color, and without fee, whose parents cannot afford treatment for them.

16. Sunshine Division of the Portland Police Department and the Portland Police Reserve. Provides emergency assistance to those in need, including house furnishings, clothing, food and fuel.

17. Crippled Children's Division University of Oregon Medical School. Its purpose is to locate crippled children and to provide facilities for diagnosis, treatment and after care for children with crippling conditions or conditions that lead to crippling. Serves children under twenty-one years of age who meet the requirements of medical and social eligibility.
The Health Service Program in the Portland Public High Schools and Its Function

The health service program in the nine public high schools of Portland is controlled jointly by the Division of School Hygiene of the City Bureau of Health and the Department of Special Education* of School District Number One. The Division of School Hygiene functions on an advisory and assistance basis with the Department of Special Education. Requests for care and treatment of children with special health needs are made through the Department of Special Education to the Division of School Hygiene. (*See page 51)

**TABLE 3**

PERSONNEL SERVING THE PORTLAND PUBLIC SCHOOLS THROUGH THE DIVISION OF SCHOOL HYGIENE, PORTLAND BUREAU OF HEALTH

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Total Number Full-Time</th>
<th>Total Number Part-Time</th>
<th>Number in Secondary Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>(other than specialists listed below)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Other Medical Specialists</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td>1</td>
<td>8</td>
<td>9*</td>
</tr>
</tbody>
</table>

*Nurses under number in secondary schools are full-time employees, but only devote part-time service to the high schools.
The physician devoting full-time services to school hygiene work is employed by the Bureau of Health which has joint responsibilities for health service to the students enrolled in the high schools. The five part-time physicians assist the full-time one when there is more work to do than he can handle. Much of the service rendered in the school system by part-time personnel is confined to the elementary field where more physical examinations and testing are done. In the fall and spring of the school year physical examinations are given to athletes in the high schools to determine their fitness for participation in athletics. At this time the part-time physicians are called upon to assist.

There is one psychiatrist, jointly employed by the school district and the Bureau of Health, whose work is done on a referral basis. His time is divided between the Child Guidance Clinic, the community and the school. Associated with the psychiatrist are fifteen visiting teachers, employed by the school district, who work with those having behavior, personality, learning and organic problems.

Medical specialists include an ophthalmologist and an ear, nose and throat specialist. Their work with the Division of School Hygiene is on a consultant basis.

There are twenty full-time nurses employed by the
Portland Bureau of Health. Eight of the twenty serve the high schools only on a part-time basis which is one day per week. One nurse serves the students at Benson Polytechnic on a full-time schedule five days per week, throughout the school year.

With a limited staff of nurses and physicians the amount of service needed is not given. A barrier curtailing a well-rounded program is the amount of funds available with which to employ those needed for health service work. For the year 1949-50 the budget called for twenty-three nurses but only twenty were employed. The reason for this was a shortage of trained personnel available. Instead of attempting to employ those without the recommended qualifications it was decided, according to Miss Helen Fisher, supervisor of nurses for the Division of School Hygiene, to meet their obligations with twenty nurses.

Low salaries account for a large turnover of nurses. The salary range for a nurse is from a minimum of two hundred and twenty-five dollars to a maximum of two hundred and forty-five dollars per month. A supervisor receives two hundred and sixty-five dollars a month and the director of nurses receives three hundred dollars per month. With such meager salaries there is little incentive for a qualified nurse to become employed in the City Bureau of Health particularly when she can earn more elsewhere.
Judging from a report in the Portland City Club Bulletin published in March 1932, the school physician and nursing personnel has changed very little in number. At that time there was one director of school hygiene employed on a two-thirds basis and nineteen nurses were employed full-time for ten months.

**TABLE 4**

QUALIFICATIONS POSSESSED BY PERSONNEL SERVING THE PORTLAND PUBLIC SCHOOLS

<table>
<thead>
<tr>
<th>Personnel</th>
<th>R.N. &amp; Public Health Nursing Certificate</th>
<th>Degree or some training in Education</th>
<th>M.A. or M.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td>20</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counsellors</td>
<td>68</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visiting teachers</td>
<td>15</td>
<td>15</td>
<td></td>
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</tbody>
</table>

Counsellors assisting with health service work are regularly employed teachers of School District Number One. They assist nurses, visiting teachers and the psychiatrist with referrals who need special attention.

Facilities for Conducting Health Service Work

Facilities in the high schools for conferring health services are of two types. One type includes those
facilities that are permanent in the building such as rooms and lavatory facilities. The other type is mobile equipment owned by the school district and used wherever needed such as eye testing equipment, films, and so forth.

TABLE 5
EXISTING HEALTH SERVICE FACILITIES
IN THE PORTLAND PUBLIC HIGH SCHOOLS

<table>
<thead>
<tr>
<th>Name of High School</th>
<th>Health Facilities*</th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>(6)</th>
<th>(7)</th>
<th>(8)</th>
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<td>+</td>
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<td></td>
</tr>
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<td>0</td>
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<td></td>
</tr>
<tr>
<td>Girls Polytechnic</td>
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<td>+</td>
<td>+</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td></td>
<td></td>
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<tr>
<td>Grant</td>
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<td>+</td>
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<td>5</td>
<td>0</td>
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<td>+</td>
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<td>Roosevelt</td>
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<td>+</td>
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<td>+</td>
<td>+</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(1) Examining rooms
(2) Special rooms for nurses
(3) Lavatory facilities in nurse's room
(4) Filing cabinet in nurse's room
(5) Telephone in nurse's room
(6) Cots in nurse's room
(7) Cots elsewhere in school
(8) Massachusetts vision testing equipment
Provided by Portland Bureau of Health

Physical Examinations

It is the policy of the Portland Public Schools to secure the child's health history at the time he enters kindergarten or the first grade. This information is
obtained from the child's parents on prepared blanks that are sent to the home by the children. Emphasis upon an early return of the blanks is made by the teacher. Information concerning the health status of children beyond the first grade who enroll in the Portland school system for the first time is obtained in the same way.

Physical examinations in the elementary schools are conducted at the school for the purpose of giving medical attention to those children who are referred either by the teacher, the principal, the Department of Special Education, and to those who show evidence of some particular health problem.

Students who do not appear to be in good physical condition, according to the daily observation of the teacher, are referred to the public health nurse using the routine referral blank (See Form F-206 Appendix) in order that conferences and further examinations may be arranged for them. A notice of excuse (See Form F-207 Appendix) from school is given to the student if his condition is judged as unfavorable by the school nurse.

Students who are frequently absent from school are referred to the nurse who is given information as to the reason for referral. She then confers with the pupil and determines whether he or she should be included in the list of those to be given a physical examination.
No physical examinations are given to high school students except when they wish to participate in interscholastic sports.

Examinations for Interscholastic Sports

To comply with the school board ruling and insurance regulations all students taking part in interscholastic sports must be passed annually as physically fit by an examining physician.

Screening examinations are given twice a year at the high school; once in the fall for fall and winter sports, usually given as soon as possible after the opening of school, and once in the spring, as soon as the winter sports program has been completed, for spring sports. Those students wishing to take part in the sports program are listed on special forms in duplicate by the physical education instructor. As soon as the list is completed it is turned over by the Department of Special Education to the Division of School Hygiene, which arranges for a clinic at the school. The original list is retained by the instructor and a duplicate list is given to the nurse.

All students to be examined are required to fill out special cards (See Appendix) first. These cards are secured from the supervisor of the physical education department by the physical education instructor (See forms
B-2 and B-3 Appendix). Each student presents his card to the doctor at the time of the examination.

The equipment necessary to conduct physical examinations is decided upon through conferences held by the physical educator and the school nurse. It is then set up in the gymnasium where the examinations are held.

At the close of the clinic the cards are taken to the office of the Division of School Hygiene to be reviewed for recommendations. From the findings a written statement listing those students who are to be excluded or restricted until granted permission by the family physician to take part in all activities is sent to the physical educator or the athletic director. In order that the rejectee be cleared a re-examination form (See Appendix) is used.

Chest X-ray

It is necessary that each boy, who is examined by a physician to determine his fitness for participation in interscholastic sports first be given a chest x-ray. In order that the boy receive an x-ray an identification card in duplicate must be filled out and taken to the City-County Survey Center. Each card has a number that corresponds to the serial number of the x-ray. After the x-ray the miniature film is read by a specialist. The results are then recorded on form one and Form F-285 (See
Appendix). If the film indicates a negative condition a card that is attached to form one and Form F-285 is mailed to the examinee. Forms one and F-285 with information concerning the x-ray is turned over to the Division of School Hygiene of the Bureau of Health for their records. This enables the Division of School Hygiene to check any positive case of tuberculosis. In follow-up work if the film indicates probable tuberculosis, the person is referred to his family physician for medical care, or to the tuberculosis Control Clinic if there is no family physician.

All first and second-term students taking physical education along with those participating in athletics are required to have chest x-rays.

Remedial Medical Work

There is no remedial medical work done by the Division of School Hygiene for any of the students enrolled in the public high schools. In instances where the student is in need and does not have adequate financial assistance to receive attention from a private physician special effort on the part of high school counsellors and nurses is made to secure aid. Help in this manner is sometimes obtainable through voluntary agencies such as the Oregon Tuberculosis and Health Association; the Red Cross; Portland Hearing Society; Oregon Chapter, National
Society for Crippled Children and Adults, Incorporated; and the Portland Council of Parents and Teachers, and others. Work of this type is done on a referral basis.

The Dental Department

The dental department of School District Number One has long been established and functions as a regular department of the system. This department serves only the elementary schools as it is felt that the need for dental care with this grade level is more acute than with high school students. However, dental excuses (See Appendix) for dental care are granted to high school students who seek this privilege.

In the high school there is a Health Record Card (See Appendix) that is used to record information concerning the health status of the student. The information acquired is secured from the nurse, student, and results from tests given by the physical education instructor. Since the nurse assigned to a high school has also the elementary schools in that district she keeps a record on each student from the time he enters kindergarten until he graduates from the eighth grade and enters high school.

Tests that are given by the physical instructor are vision and posture. Data pertaining to hearing and teeth
are referred to the physical education instructor by the nurse provided that the student attended an elementary school in that district. Anyone enrolling in high school for the first time provides the school with a record that is usually transferred by mail from one principal's office to the other. In instances where there are no records available the student and parent provide the information desired.

The tests given by the physical education instructor are classified as a part of the health and physical education program. All information obtained is recorded by the instructor and filed in his office for future use. After the student has completed his health and physical education activities these records are placed in his permanent file in the principal's office.

Because of heavy enrollments health and physical education activities in the high schools are limited to freshmen and sophomore students.

The Physically Handicapped in Portland's High Schools

Since services for handicapped children are provided through the Department of Special Education, a counselling service for handicapped high school students has been set up under this department. A list of the types of handicaps which have necessitated special help, equipment, or
adjusted school programs are:

1. Blind and partially-sighted.
2. Deaf and hard-of-hearing.
3. Crippled, deformed, and paralyzed cases (spastic and post-polio-myelitis).
4. Arthritis and osteomyelitis cases.
5. Asthma and allergy cases.
6. Rheumatic fever and cardiac cases.
8. Cleft palate or other organic speech difficulties.
9. Anemia, menorrhagia and low vitality cases.
10. Post-tubercular cases and respiratory infections.

Assisting the handicapped to make the proper adjustment in school is the counsellor whose work is as follows:

1. Assists with course plans, bearing in mind the pupil's limitations as well as aptitudes and interests.
2. Provides for special services or equipment; i.e., readers for visually handicapped, writers for manually handicapped, talking books, braille materials, hearing aids and special chairs.
3. Consults with teachers regarding methods in teaching students; e.g., use of biology models for sightless; lip reading for hard-of-hearing.
4. Assists in planning for accessibility of class-
rooms and means of getting from class to class; e.g., leaders for sightless, pupils to propel wheelchairs, avoidance of stair-climbing for cardiac and asthma cases.

5. Advises with pupils, school personnel, and parents with regard to personal or social adjustment problems that may arise; encourages consultation with psychiatrist (Child Guidance Clinic) if serious maladjustment is evident.

6. Provides for rest periods, early dismissal, or any feasible means of avoiding fatigue, especially for cardiac, asthma, post-tubercular, spastic and epileptic cases.

7. Helps parents with problems of transportation to and from school.

8. Administers mental and personality tests and interprets results to teachers if needed.

9. Helps with vocational plans and encourages contact with rehabilitation services.

If a pupil is suspected of or known to have a physical handicap, he is referred to the public health nurse for investigation of the condition to help make plans for follow-up for the correction or whatever improvement may be possible. He is also referred to the Department of Special Education for assistance according to any
recommendations made by the attending physician or according to his educational needs.

Vision Testing

Vision Testing in the high schools is carried on by the physical education instructor as a part of the health and physical education program. Only freshman and sophomore students are given vision tests. Each student in class is tested by the instructor and the findings are recorded on his health record card (See Appendix).

Vision testing is conducted early in the fall so that sufficient time may be had for follow-up or correction of defects and greater attention can be given to the classroom adjustments of students having this type of defect.

All students who have a visual acuity of 20/40 or less in one or both eyes are referred to the nurse for further testing. Students with 20/70 or less vision in each eye after correction or students with progressive myopia are referred to the nurse to be considered for sight-conservation classes.

The type of test given is the Massachusetts vision test.
First Aid

First aid in the Portland Schools is somewhat different from first aid recommended by the American Red Cross, which takes into consideration all types of situations and the availability of medical attention. Students who are injured or who become ill while at school must be given temporary care until the parents can assume responsibility for them.

School personnel under any circumstances are prohibited from giving medical treatment to a student who is injured or ill.

Each principal has in his files statements signed by each parent giving:

1. Name of family physician.
2. Name, address, and telephone number of the family to whom the student may be sent if the parent is not at home.
3. Authority to principal to act in case of emergency.

A card, listing the proper sources and telephone numbers, is posted near the telephone in order that emergency cases may be handled speedily.

In each of the nine high schools two members of the boys and girls health and physical education staffs are appointed by the principal to handle first aid cases when the nurse is not in the building. This personnel has
Red Cross first aid cards which qualifies them to assume emergency responsibilities.

**INFORMATION CONCERNING HEALTH SERVICES IN TEN SCHOOL SYSTEMS**

For purposes of comparison sixteen questionnaires (See Appendix) were sent to school systems comparable to Portland in population size. Ten school systems cooperated by filling out and returning the questionnaire. In three instances supplementary material accompanied the returns. School systems cooperating were those of (1) Birmingham, Alabama; (2) Cincinnati, Ohio; (3) Columbus, Ohio; (4) Dallas, Texas; (5) Indianapolis, Indiana; (6) Kansas City, Missouri; (7) Omaha, Nebraska; (8) San Antonio, Texas; (9) St. Paul, Minnesota and (10) Toledo, Ohio.

The number of schools, the types of schools and students involved in the questionnaire study is shown in Table 6.

Information received by means of the questionnaire is based on the following questions.

1. What special division or department conducts health services?
2. What personnel is used in health services?
3. What qualifications do health service personnel possess?
TABLE 6
SHOWING TYPE, NUMBER OF SCHOOLS AND STUDENTS ENROLLED

<table>
<thead>
<tr>
<th>Type of High School</th>
<th>Number of Schools</th>
<th>Number of Students Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional High Schools</td>
<td>25</td>
<td>27,899</td>
</tr>
<tr>
<td>Senior High Schools</td>
<td>48</td>
<td>69,063</td>
</tr>
<tr>
<td>Junior High Schools</td>
<td>36</td>
<td>28,625</td>
</tr>
<tr>
<td>Six-Year High Schools</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>Vocational High Schools</td>
<td>1</td>
<td>*</td>
</tr>
</tbody>
</table>

*St. Paul's public schools indicated one six-year and one vocational high school, but did not list the number of students enrolled in each.

4. How much time is devoted to health service work?
5. What is the extent of psychiatric services given?
6. Where are health services usually given in the schools?
7. To whom are physical examinations given? How often?
8. Are there remedial programs for medical work?
9. How are records kept?
10. Are health services provided for handicapped students?
11. Are vision and hearing tests given? Who gives them?
12. How do voluntary agencies assist or work with the
health service program?

Department Conducting Health Services

Seven systems related that their health service department is an official division of the school system. Three indicated that their health departments are controlled by the city health bureau on a cooperative basis with the school district.

In six systems the personnel employed devoted time to health service work in the high schools. The personnel in four systems did not.

Five systems indicated that their health services are supported by voluntary agencies. The agencies involved were not revealed. Official agencies assisting with the program were the city and county health departments. Services from these agencies were given in the high schools of five systems. (See Table 7) Three of the seven physicians serving the public high schools in St. Paul are eye, ear, nose and throat doctors.

The psychiatrist in the Cincinnati school system is employed by the Board of Education on a half-time basis. His work is confined to the screening of cases and curriculum building. In the other two systems, Indianapolis and St. Paul, psychiatric work is given on a consulting and diagnostic basis.
### TABLE 7

**HEALTH PERSONNEL AND TIME DEVOTED TO HEALTH SERVICES IN TEN SCHOOL SYSTEMS**

<table>
<thead>
<tr>
<th>City</th>
<th>Physicians</th>
<th>Psychiatrist</th>
<th>Other Medical Specialists</th>
<th>Nurses</th>
<th>Dentist</th>
<th>Hygienists</th>
<th>Other Health Service Specialists</th>
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</thead>
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<td>2 3</td>
<td>2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
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<td>6 0 6</td>
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<td>0 0 0</td>
<td>0 0 0</td>
</tr>
</tbody>
</table>

*1 Full-time
2 Part-time
3 Number in secondary schools
The six nurses employed in the Toledo school system are teachers that have their Registered Nurse certificates plus educational credits.

In the Cincinnati public schools one dental hygienist serves the secondary schools half-time.

Nurses make recommendations of dental defects to the two full-time dental hygienists serving the Columbus public schools.

Other health service specialists in the Cincinnati schools consist of eight speech and hearing therapists who are licensed teachers.

One person is employed full-time for audiometer testing in the Dallas public schools.

The four medical specialists serving the Omaha public schools consist of three speech correctionists and one occupational therapist who confines most of his time to secondary schools. (See Table 8)

The physician serving the Dallas public schools has in addition to his M. D. an M. O. H. certificate.

The psychiatrist employed by the Board of Education in the Cincinnati secondary schools is a certified specialist.

Dentists serving the secondary schools of Cincinnati and St. Paul have their D. D. S. degrees. The two dentists listed with the Omaha school system with their D. D. S.
<table>
<thead>
<tr>
<th>School Systems</th>
<th>Physician</th>
<th>Psychiatrist</th>
<th>Other Medical Specialists</th>
<th>Nurses</th>
<th>Dentists</th>
<th>Dental Hygienists</th>
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<td>+</td>
<td>+</td>
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<tr>
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</tr>
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<td>St. Paul</td>
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<td>+</td>
<td>+</td>
<td>+</td>
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<td></td>
</tr>
</tbody>
</table>

1 Denotes M.D.  7 Denotes M.A.
2 Denotes medical officer of health  8 Denotes D.D.S.
3 Denotes public health degree  9 Registered dental nurse
4 Denotes specialist  10 Denotes B.S. or B.A.
5 Denotes some training in public health  11 Training in education
6 Denotes R.N.
degrees do not serve the secondary schools.

The seven dental hygienists serving the St. Paul public high schools are registered Dental Nurses.

The health service specialists consisting of one physical therapist and one physical-therapist aid have their Registered Nurse certificates and training in therapy work. (See Table 9)

**Physical Examinations**

It is shown in Table 9 that six systems give physical examinations to their students. (See Table 10) The mobile tuberculosis x-ray unit examines high school students periodically in the Birmingham public schools. Physical examinations are given to those who are enrolled in R.O.T.C. and to those students referred by principals and teachers.

The Indiana public school system does not require high school students to have a physical examination. However, as many as possible are examined each year. Examinations are given to members of all physical education classes.

Students in the Kansas City high schools are not required to have physical examinations. Those that are given the examination are pre-physical education students.

The major health service activity in Omaha's public
## Table 9

**Existing Health Service Facilities in Ten School Systems**

<table>
<thead>
<tr>
<th>School Systems</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14</td>
</tr>
<tr>
<td>Birmingham</td>
<td>x x x o x x x x</td>
</tr>
<tr>
<td>Cincinnati</td>
<td>x o x x x x o x x</td>
</tr>
<tr>
<td>Columbus</td>
<td>x o x x x x x x x</td>
</tr>
<tr>
<td>Dallas</td>
<td>x x x x x x x x x</td>
</tr>
<tr>
<td>Indianapolis</td>
<td>x o x x x x x</td>
</tr>
<tr>
<td>Kansas City</td>
<td>x x x x x x x x x</td>
</tr>
<tr>
<td>Omaha</td>
<td>x x x x o x x x x x</td>
</tr>
<tr>
<td>San Antonio</td>
<td>no reply</td>
</tr>
<tr>
<td>St. Paul</td>
<td>x x x x x x x x</td>
</tr>
<tr>
<td>Toledo</td>
<td>x x x x x x x x</td>
</tr>
</tbody>
</table>

- **x** denotes that the schools have equipment.
- **o** denotes that the schools do not have equipment.
- ***** schools recently built in Birmingham have a clinic room in addition to the special room for nurses and physicians.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>special room</td>
</tr>
<tr>
<td>2</td>
<td>located near prin. office</td>
</tr>
<tr>
<td>3</td>
<td>cot</td>
</tr>
<tr>
<td>4</td>
<td>record file</td>
</tr>
<tr>
<td>5</td>
<td>first aid cabinet</td>
</tr>
<tr>
<td>6</td>
<td>scales</td>
</tr>
<tr>
<td>7</td>
<td>stretchers</td>
</tr>
<tr>
<td>8</td>
<td>desk</td>
</tr>
<tr>
<td>9</td>
<td>screens</td>
</tr>
<tr>
<td>10</td>
<td>illuminated eye chart</td>
</tr>
<tr>
<td>11</td>
<td>audiometer</td>
</tr>
<tr>
<td>12</td>
<td>Massachusetts vision test</td>
</tr>
<tr>
<td>13</td>
<td>stadiometer</td>
</tr>
<tr>
<td>14</td>
<td>vision chart rack</td>
</tr>
</tbody>
</table>
TABLE 10

PHYSICAL EXAMINATIONS AND GRADE LEVELS WHEN GIVEN

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Grade</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birmingham</td>
<td></td>
<td>0</td>
<td>x</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>x</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Cincinnati</td>
<td></td>
<td>x</td>
<td>0</td>
<td>0</td>
<td>x</td>
<td>0</td>
<td>0</td>
<td>x</td>
<td>0</td>
<td>0</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbus</td>
<td></td>
<td>x</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>x</td>
<td>0</td>
<td>0</td>
<td>x</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dallas</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Indianapolis</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Kansas City</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Omaha</td>
<td></td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>San Antonio</td>
<td></td>
<td>x</td>
<td>0</td>
<td>x</td>
<td>0</td>
<td>0</td>
<td>x</td>
<td>0</td>
<td>0</td>
<td>x</td>
<td>0</td>
<td>0</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>St. Paul</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Toledo</td>
<td></td>
<td>x</td>
<td>0</td>
<td>x</td>
<td>0</td>
<td>x</td>
<td>0</td>
<td>x</td>
<td>0</td>
<td>x</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>x</td>
</tr>
</tbody>
</table>

*Athletes
X Denotes grade level examined
0 Denotes no examination given

High schools is the tuberculin skin testing program. All positive reactors are given chest x-rays.

Students other than ninth graders in Toledo's public high schools are given physical examinations upon request.

Physical examinations are given by the school doctor and the family physician in those systems that require them. In the Columbus schools those that are medically indigent are examined at clinics sponsored by voluntary
Records

All six school systems in which physical examinations are given keep records of the examinations. This information is recorded by the physician on the school form and then given or sent to the school. The Parent Teacher Association in the Birmingham public schools assumes the responsibility of informing eighth grade students that they are to have a physical examination by their family physician before they enter high school. A report on the students indicating whether or not they have taken the examination is made and sent to the high school.

Remedial Medical Work

Eight school systems reported that there is no remedial medical work done in the district.

Two systems reported that there is remedial medical work done in their schools. In these schools the school doctor and the corrective programs in the physical education department take care of the remedial work done.

Six systems stated that their schools assist the indigent student in securing medical attention from outside sources. In each system this help is secured through the
school nurse. Agencies cooperating with the schools in providing medical treatment to the student were not indicated by name.

Health Services Provided for Handicapped Children

Nine school systems indicated that services are available for their physically handicapped pupils in the elementary schools. Three systems reported that services were available for the physically handicapped in their high schools.

Birmingham's schools provide classes for spastics and teachers for crippled children in hospitals regardless of grade.

Cincinnati's schools conduct special classes for visual and auditory handicaps. There is one elementary school for crippled children.

In Columbus, Ohio's schools there are (a) an orthopedic school; (b) hearing classes and (c) sight-saving classes. Care is given to those having cardiac disorders. These services are limited to those enrolled in the elementary and junior high schools.

St. Paul's schools provide one high school class for crippled students.

Toledo's schools provide special schools for the cardiac and crippled student.
Vision and Hearing Tests

Nine systems stated that vision tests are given in high schools by the school nurse and in one system the test is given by the physical educator. The teachers in one system screens for defects and refers doubtful cases to the nurse. The Snellen eye chart is used in all ten systems for testing.

Hearing tests are given in high schools in all ten school systems. The tests are given by the nurse in seven of the school systems; by the doctor in one; by speech and hearing therapists in one and by a special audiometer operator in one.

Audiometer and whisper tests were indicated as the types used. The audiometer test is used in nine systems and the whisper test in one. The whisper test in the one district is given by a doctor.

Voluntary Agencies and Their Work With Schools

Six school systems stated that they receive assistance from voluntary agencies.

These agencies assist the Birmingham schools in giving advice to eighth grade graduates concerning physical examinations and entry into high school; the Kansas City schools with their audiometer testing program; the Dallas schools
with chest x-rays to seniors; with tuberculin tests to students in Omaha's public schools; with clerical assistance in the Cincinnati schools and with supplies and equipment to the schools in Indianapolis.

The official names of all the agencies assisting were not given.

**Forms**

The forms mentioned in this section are those used in health service work in the Portland high schools. Throughout the section entitled THE HEALTH SERVICE PROGRAM IN THE PORTLAND PUBLIC HIGH SCHOOLS references are made concerning these forms that are to be found in the Appendix.
CHAPTER V
SUMMARY AND RECOMMENDATIONS

This study was undertaken to find out the extent and quality of health services in the Portland public high schools with a view to making any needed recommendations concerning better use and improvement of these services.

In securing information about health services given in the Portland high schools conferences were held with school administrators, supervisors and city health authorities. Research concerning standards recognized by leading authorities was done by extensive reading in the field of health. Questionnaires were sent to superintendents of sixteen school systems in cities comparable in size to Portland. Ten of these were returned and provided data used in helping to determine the status of the Portland services in relation to those in other cities.

In this study it was found that the Portland high schools have the following facilities and personnel, shared with the elementary schools, for giving health service to their students.

1. The use of the City-County Survey Center for chest x-rays.

2. The services of a psychiatrist and fifteen visiting teachers who work with those having behavior, personality and organic problems.

3. The cooperation of voluntary and official
agencies, not sponsored by the school district, that assist in providing help to indigents on referral.

4. A department of special education which coordinates health service work to be done by the school district and the Bureau of Health.

5. A full-time physician who serves as a head of the Division of School Hygiene of the City Bureau of Health and five part-time physicians who give assistance when needed.

6. Two medical specialists, an ophthalmologist and an ear, nose and throat specialist who serve as consultants to the director of the Division of School Hygiene.

7. The services of nine nurses of whom eight serve the high schools part-time and one serves full-time.

8. A counselling department in each high school which assists in arranging schedules, referring indigents and giving advice when needed.

9. Room space for giving health service.

10. A vision testing program that is conducted by the physical education department in the high schools.

11. A first aid program in each school and a plan to follow in case of any emergencies.

In order that school health service be evaluated standards recognized by leading authorities in the field were listed so that a better understanding could be realized. Health service available to high school students in protecting and promoting health is sometimes neglected if it is not made a part of his learning experience.

Adequately trained and sufficiently staffed programs are essential if the quality of health service is to be
given. Where systems are under-staffed care given to students in need are by-passed and left unattended.

School facilities and equipment for giving health service cannot be over-emphasized, for this part of the program provides the setting and the psychological aspect needed to create an interest in medical and counselling services. Where there is a lack of facilities and equipment there is also a laxity on the part of the student in being concerned about his physical status.

For a health service program to be functional the school, home and other agencies in the community must be concerned in coordinating efforts that help to meet and solve health problems for the student.

RECOMMENDATIONS

In order that health services given to students enrolled in the public high schools of Portland, Oregon be improved the following recommendations are offered:

1. Every student should receive at least one routine physical examination during his high school career. The examination should preferably be given at ninth or tenth grade levels. Examinations of students not in the grade receiving the routine examinations should be given on a referral basis resulting from teacher-nurse conferences. It is advised that the examination be given by the family
physician whenever possible.

2. Every high school student, newly transferred to the system, should be given a physical examination either by a private or school physician and the record filed in the school provided that no satisfactory record of a previous examination is available.

3. Dental examinations should be made available to high school students routinely in the sophomore and senior years and on referral as the result of teacher-nurse conferences.

4. Assign six public health nurses on a full-time employment basis for giving health service to high school students.

5. The nurse should be given secretarial help so that she may devote more time to those who need her help.

6. Salaries for school nurses should be placed on an equal basis with those of teachers.

7. Assign six full-time visiting teachers for case work in the high schools.

8. Rooms where health services are given should be renovated to include lavatories for both boys and girls; a waiting space and an examining room.

9. Facilities such as filing cabinets, a first aid cabinet, at least four cots, two stretchers, a telephone, a typewriter, scales, hot plate and disposal units should
be made a part of the health-service room or rooms.

10. Insofar as possible all health service personnel should have degrees or certificates in public health. In instances where full-time persons are employed without such qualifications they should be required to take the necessary training within a reasonable period of time.

11. The quality as well as quantity of service would be improved if more full-time physicians were added to the Division of School Hygiene of the City Bureau of Health. The number employed should be determined by the director of the School Division of the City Bureau of Health.


APPENDIX
Forms-Questionnaire
CITY OF PORTLAND, OREGON
DEPARTMENT OF PUBLIC UTILITIES
BUREAU OF HEALTH
DIVISION OF SCHOOL HYGIENE

NOTICE TO SEE NURSE

TO THE SCHOOL NURSE:  

DATE__________________________

(Students Name)  Room No.  Section______________________________

IS REFERRED FOR THE FOLLOWING REASON______________________________

______________________________________________________________

IF Absent, State the number of days______________________________ and

Give the cause____________________________________________________

Teacher

REPLY__________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

FORM F-206  PUBLIC HEALTH SCHOOL NURSE
PORTLAND PUBLIC SCHOOLS  
DEPARTMENT OF HEALTH, PHYSICAL EDUCATION, AND RECREATION  

ATHLETIC PERMIT CARD

Student's Name (PRINT) .......................................................... Date of Birth ...........................................

_________________________________________ has my permission to engage in school athletics and take
the scheduled trips as a member of a team, provided the physician finds him physically fit.

Date .............................................................. Signature of Parent or Guardian

I promise on my honor to keep myself in good physical condition, to attend faithfully to my
studies and to conduct myself at all times in a sportsmanlike and gentlemanly manner.

_________________________________________ Signature of Student

TO PARENTS:

Athletics provide the means by which students in our secondary schools may gain valuable
experiences that contribute toward better physical growth and development, healthful habits
of living and proper standards of conduct, citizenship traits, and social behavior.

The Administration provides proper supervision for all athletic activities, and makes it
mandatory that all athletes be insured.
PORTLAND PUBLIC SCHOOLS  
DEPARTMENT OF HEALTH, PHYSICAL EDUCATION, AND RECREATION

ATHLETIC PERMIT CARD

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have given a careful examination, paying special attention to the findings of the screening test, and find this student physically qualified to take part in competitive athletics.

<table>
<thead>
<tr>
<th>Date</th>
<th>Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In view of the above report, I request that Name be permitted to take part in competitive athletics and to take the scheduled trips as a member of a team. I will not hold School District No. 1, Multnomah County, Oregon, its directors, officers, agencies, or employees liable for injuries or for medical care resulting therefrom.

<table>
<thead>
<tr>
<th>Date</th>
<th>Parent or Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I promise on my honor to keep myself in good physical condition, to attend faithfully to my studies, and to conduct myself at all times in a sportsmanlike and gentlemanly manner.

<table>
<thead>
<tr>
<th>Date</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reverse FORM-B 3

<table>
<thead>
<tr>
<th>High School</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To the Parent or Guardian:

I find it advisable for Name to have a more thorough examination and study by a physician of your choice before permission is granted to participate in competitive athletics.

The preliminary or screening test made at the school resulted in finding the following suspected deviation(s) from normal.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If upon further study your physician finds this student physically qualified to take part in competitive athletics, he should sign the statement on the reverse side of this card. You may then sign the request on the reverse side and return it to the athletic director at the school.

<table>
<thead>
<tr>
<th>Examining Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
RE-EXAMINATION FORM

(To be used together with orange Athletic Permit Card by students who were rejected and later on accepted by physician.)

Student's Name: ______________________________

School: ______________________________

Coach: ______________________________

Cause for Rejection: ______________________________

Doctor Granting Permission: ______________________________

EIJ: ep
9/21/48
### FORM-1 TB X-RAY CARD

**CITY AND COUNTY TUBERCULOSIS SURVEY CENTER**

**CONTACT □ FOOD HANDLER □ OTHER □**

**DATE:**

---

**NAME:**
(Please print) LAST NAME FIRST NAME MIDDLE NAME

---

**ADDRESS:**
NUMBER AND STREET CITY COUNTY STATE

---

**SINGLE □ MARRIED □ OTHER □**

OCUPATION

---

**AGE**

---

**SEX**

---

**RACE**

---

**BIRTHPLACE**

---

**DO NOT WRITE BELOW THIS LINE**

---

**COL. 54 SURVEY FILM**

---

**14X17—DIAG. TB**

---

**COL. 55 14X17—DIAG. TB**

---

**COL. 56 NON TB PATH.**

---

**COL. 57 EXTENT OF LESION**

---

**COL. 58 FOLLOW-UP**

---

<table>
<thead>
<tr>
<th>COL. 54 SURVEY FILM</th>
<th>COL. 55 14X17—DIAG. TB</th>
<th>COL. 56 NON TB PATH.</th>
<th>COL. 57 EXTENT OF LESION</th>
<th>COL. 58 FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NEG.</td>
<td>1</td>
<td>PULM.</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>QUEST.</td>
<td>2</td>
<td>CARDIAC</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>POS.</td>
<td>3</td>
<td>OTHER</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>UNSAT.</td>
<td>4</td>
<td>EFFUSION</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>POS. NO 14X17</td>
<td>5</td>
<td>NO FILM</td>
<td>5</td>
</tr>
</tbody>
</table>

---

**REMARKS:**

---

**CARD ATTACHED TO FORM-1**

---

**DATE: ______________________**

---

**Film No. __________________**

---

**CONGRATULATIONS:**

YOUR 35 MM X-RAY FILM HAS BEEN READ AS NEGATIVE.

THIS MEANS THAT AT THIS TIME THERE IS NO EVIDENCE OF ACTIVE PULMONARY TUBERCULOSIS. THIS EXAMINATION DOES NOT PROTECT YOU FROM DEVELOPING TUBERCULOSIS AT SOME FUTURE DATE.

THEREFORE, YOU SHOULD HAVE A "CHECK-UP" X-RAY PICTURE AT LEAST ONCE A YEAR.

RESPECTFULLY,

CITY-COUNTY TUBERCULOSIS SURVEY CENTER

830 S.W. 10th AVENUE

PORTLAND 5, OREGON
CITY-COUNTY TUBERCULOSIS SURVEY CENTER
830 S. W. 10TH AVENUE

CONTACT

NAME_____________________________________________________
ADDRESS__________________________________________________

PLEASE REPORT TO THE ABOVE CENTER FOR AN X-RAY OF YOUR CHEST. THERE IS NO CHARGE
FOR THIS SERVICE.

HOURS:  
MONDAY 9:00 - 4:30  TUESDAY 1:00 - 8:30 P.M.
WEDNESDAY 2:00 - 4:30 P.M.
THURSDAY
FRIDAY

X-RAY READING  TBC.:  NEG.   QUEST.   POS.   RETAKE

RE-EXAMINATION DATE:_________________________________________
DENTAL EXCUSE FORM

PORTLAND PUBLIC SCHOOLS

DENTAL EXCUSE

Date.................................................. 19..........

This certifies that........................................................................................................

has made arrangements with the undersigned school principal to be

absent from school between the hours of........................................and

........................................and for the express purpose of having necessary
dental work done. The dentist is asked to cooperate by only making
use of these excuses when necessity compels. Failure on the part of
the student to report back promptly may block the future issuance of
any excuse of this kind.

Signed..........................................................Principal

The above named student arrived at........................................and was

dismissed for return to school at........................................

Signed..........................................................Dentist

(Student must present this excuse on return to school)
NOTICE OF EXCUSE FROM SCHOOL

DATE_____________________

SCHOOL_____________________

TO PARENT OR GUARDIAN:

______________________________WAS EXCUSED

(STUDENT'S NAME)

FROM SCHOOL AT__________________O'CLOCK TODAY BECAUSE

OF____________________________

IF THE CONDITION DOES NOT IMPROVE, IT IS ADVISABLE TO
CONSULT WITH YOUR FAMILY PHYSICIAN.

__________________________________

FORM F-207                          PUBLIC HEALTH SCHOOL NURSE,
An evaluation of your present health status should include an understanding of the cause and effects of any communicable or non-communicable disease which you have had. Check those you have had.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendicitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pneumonia</td>
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<tr>
<td>Chorea (St. Vitus)</td>
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<tr>
<td>Poliomyelitis</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Scarlet fever</td>
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<tr>
<td>Ear infection</td>
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<tr>
<td>Smallpox</td>
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<tr>
<td>Epilepsy</td>
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<td>Syphilis</td>
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<tr>
<td>Gonorrhea</td>
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<tr>
<td>Tonsillitis</td>
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<tr>
<td>Hay Fever</td>
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<tr>
<td>Tuberculosis</td>
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<tr>
<td>Hernia</td>
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<tr>
<td>Whooping Cough</td>
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<tr>
<td>Diphtheria</td>
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<tr>
<td>Schick Test</td>
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<tr>
<td>Chicken Pox</td>
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<tr>
<td>Smallpox vaccination</td>
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<tr>
<td>Tuberculin test Neg.</td>
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<tr>
<td>Diphtheria</td>
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<td>Smallpox</td>
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<td>Syphilis</td>
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<tr>
<td>Tonsillitis</td>
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<tr>
<td>Tuberculosis</td>
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<tr>
<td>Whooping Cough</td>
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<td></td>
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</tbody>
</table>

Operations: Date

Injuries

Allergies

Headaches

Constipation

Have any of family had T. B.

<table>
<thead>
<tr>
<th>1st Year</th>
<th>2nd Year</th>
<th>3rd Year</th>
<th>4th Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>at rest</td>
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<tr>
<td>after exercise</td>
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<td></td>
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<tr>
<td>after 2 minute rest</td>
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Menstrual History

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<tr>
<th>Regular</th>
<th>Restricted</th>
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Assignment:

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<tr>
<th>Dr. excuse</th>
<th>Showers</th>
<th>Ex. How long</th>
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</table>
QUESTIONNAIRE

I How many of each of the following high schools are in your school system:
A. Traditional_______
B. Senior_______
C. Junior_______

II How many students are enrolled in each:
A. Traditional_______
B. Senior_______
C. Junior_______

III Is there a special division or department for conducting health services in your school system?
Yes__No__
A. If so, is it an official division:
   1. of the public school system? Yes__No__
   2. of the city county state health department? Yes__No__
   3. Is it under the combined control of the board of education and the health department?
      Yes__No__
      a. Does the personnel serve high schools? Yes__No__
      b. If not, are health services given by any special personnel in your school system? Yes__No__
         1. By whom?___________________
      c. Are the services supported:
         1. By a voluntary agency? Yes__No__
         2. What agencies?
            (a) By personal volunteers among nurses and doctors? Yes__No__
            (b) Others___________________
      d. Are the services given in high schools? Yes__No__
IV How many of each of the following are officially employed by agency checked in question 2 to work in the schools? How many of these work in the secondary schools?

<table>
<thead>
<tr>
<th></th>
<th>Total No.</th>
<th>Total No.</th>
<th>No. in Secondary schools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full-time</td>
<td>Part-time</td>
<td></td>
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</tbody>
</table>

| a | Physicians (other than specialists listed below) |
| b | Psychiatrists |
| c | Other medical specialists |

What?

d  Nurses

e  Dentists

f  Dental hygienists

g  Other health service specialists

V Do the persons listed in the above question receive a salary for their school services? Yes No (If "yes" for some, "no" for others, please explain.)

VI What qualifications must each of the personnel listed in the above question 4 have in order to eligible for employment in your school program? (The members refer to the numbers used in question 4.)

<table>
<thead>
<tr>
<th>Grad. of standard course in specialty</th>
<th>Public Health degree or some training in Public Health (which)</th>
<th>Degree or some training in Educ. (which)</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
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<td></td>
<td></td>
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<tr>
<td>b</td>
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<tr>
<td>g</td>
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</tbody>
</table>
VII Approximately how much time per week is devoted to health service work in the public high schools by each of the following? Physician______ Dentist______ Nurse______ Dental Hygienist______ Other______

VIII If a psychiatrist is employed, how are his services used?

IX Is a special room provided in each high school, (if not in all, how many?______), for use by the doctor and nurse? Yes____ No____
   A. Is it near the principal's office? Yes____ No____
   B. Does it contain a cot? Yes____ No____
      A record file? Yes____ No____
      A first aid cabinet? Yes____ No____
      Scales? Yes____ No____
      Stretchers? Yes____ No____
   C. List other special equipment of room:

X What other special facilities are provided to assist the health service personnel to do their work? Please list on the following lines:

XI Are all students in elementary schools required to have physical examinations? Yes____ No____
   A. If so: How often?___________________________
   B. By whom is the examination given?
      Family physician____ School doctor______
      Other____

XII Are all students in the high schools required to have physical examinations? Yes____ No____
   A. If so: How often?___________________________
      By whom? Family physician____ School doctor______
      Other____
   B. If not all, are some required? Yes____ No____
      Who is required to have them?
      1. Athletes only____
      2. Other____
   C. Who makes the examination? Family doctor____
      School doctor______ Other____
XIII If a required physical examination is made by other than the school doctor, does the school have and keep a record? Yes__ No__ How is record of the examination secured?

A. Doctor records on school form and returns to school____.
B. Oral report from doctor____.
C. Oral report from student____.
D. Other________________________

XIV Is remedial medical work for pupils done by the school health service staff? Yes No__

A. If so, how are recipients of services selected?
B. Does the school help secure medical services not given by the school for any students? Yes__ No__ For Whom?________________________
   How Secured?________________________

XV Is remedial dental work done by dentist employed by the school? Yes No__

A. If so, how are recipients of services selected?
B. Does the school help secure medical services not given by school for any students? Yes__ No__ For Whom?________________________
   How Secured?________________________

XVI Are cumulative health records kept for each boy and girl in your elementary schools? Yes No__

High schools? Yes No__

A. If so, where are they filed? Principal's office____ Nurses office____ Other____
B. How are they used?________________________

XVII Are any special services available to handicapped children in your elementary schools? Yes No__

High schools? Yes No__ If so, what?

XVIII By whom are vision tests given in your secondary schools? Not given
   Nurse____ Doctor____ Physical educator____ Teacher____
   Other________________________

Hearing tests? Not given____ Nurse____ Doctor____
   Physical educator____ Teacher____ Special Operator____
   Other________________________
XIX Do local voluntary agencies assist in the public high school health service program? Yes ___ No ___ If so, in what way do they assist? ____________________________

XX Are any publications about health services in your schools available? Yes ___ No ___ If so, what are their titles and how may I secure them? ____________________________

XXI Would you like to receive a summary of my thesis when it is finished? Yes ___ No ___