## PUBLIC HEALTH (MEDICAL AND DENTAL INSPECTION OF SCHOOL CHILDREN) **REGULATIONS\***

- 1. These Regulations may be cited as the Public Health (Medical and Citation. Dental Inspection of School Children) Regulations.\*
  - 2. In these Regulations, unless the contrary intention appears— "authorized" means authorized by the Chief Medical Officer; "school" means any premises in or upon which children or other

persons are assembled for the purpose of instruction.

Interpretation.

3.—(1.) An authorized medical practitioner may examine medically and Medical physically a child attending a school, and the child shall submit to, and the parents or guardians of the child shall permit, any medical examination deemed necessary by the medical officer.

- (2.) An authorized medical practitioner shall carry out the medical and physical examination of every child attending a school and record the results in accordance with Form 1 in the Schedule to these Regulations.
- 4.—(1.) An authorized dentist may examine the teeth of a child attend- Dental ing a school and the child shall submit to, and the parent or guardian of Examination. the child shall permit, the examination.
- (2.) An authorized dentist shall carry on the dental examination of a child in conformity with a schedule, prescribed by the Chief Medical Officer in accordance with Form 2 in the Schedule to these Regulations.
- (3.) A record of the results of the dental examination shall be made in accordance with Form 2 in the Schedule to these Regulations.
- 5. The head teacher or person in charge of a school shall carry out such Duty of Head instructions as are given by an authorized medical practitioner or authorized Teacher. dentist, for the purpose of the examination of the children attending the school.

- 6. An authorized medical practitioner or authorized nurse who finds vermtn. that a child attending a school is in an unclean or verminous condition may, by writing, notify the parent or guardian of the child of the fact and require the parent or guardian to remedy the unclean or verminous condition forthwith, and to keep the child clean or free from vermin.
- 7. A person who contravenes or fails to comply with a provision of Penalty. these Regulations or with an instruction or notice given under these Regulations shall be guilty of an offence and shall be liable, upon conviction, to a penalty not exceeding Twenty-five pounds, and where the offence is a continuing offence, a penalty not exceeding Two pounds for every day during which the offence continues.

<sup>\*</sup> Regulations 1960, No. 11, in force under the Public Health Ordinance 1952-1962; made on 5th December, 1960, notified in Northern Territory Government Gazette on 14th December, 1960; commenced on 31st December, 1960.

### THE SCHEDULE.

FORM 1. CONFIDENTIAL.

Regulation 3 (2.).

## THE NORTHERN TERRITORY OF AUSTRALIA.

Public Health (Medical and Dental Inspection of School Children) Regulations.

Reg. No.

### SCHOOL MEDICAL RECORD

| 1. Name  |                          |                                |     | L.E.A.  |
|--|--------------------------|--------------------------------|-----|---|
| (BLOCK CAPS, Day / Date of Birth Place in Family                       | Surname 1<br>Month       | / Year                         |     | 1.  |
| 3. Address: 1  |                          |                                | 4.  | School Admitted Left 1  |
| I.Q  | prox. year               | s retarded                     | 6.  | Summary of Teacher's Notes (school attendance, &c.):  |
| No. of occupan Sleeping arrangements Cleanliness                       | mts                      | No.                            |     |   |
| 8. Family (Importan<br>other members)<br>F.<br>M.<br>B. & S.<br>Others | :                        |                                | 9.  | Father's Occupation year(s)  Change 1  Change 2  Change 3  Mother's Occupation  Approx. hours per day |
| Whooping cough Measles Diphtheria Scarlet fever                        | ons or Injui<br>Year(s). | ries:<br>Notes on<br>Severity. | 11. | Prophylaxis year(s) Smallpox Diphtheria Whooping cough Other  |
| Mumps  |                          |                                | 12. | Bladder control   |

#### THE SCHEDULE—continued.

SUMMARY OF DEFECTS OR DISEASES FOR STATISTICAL PURPOSES.

V = No defect; O = Defect requiring observation; T = Defect requiring treatment; R = Reference to specialist.

| Code<br>No. | Date  |         |          |          |          |          |     |       |          |                         |   |         |   |
|-------------|---|---------|----------|----------|----------|----------|-----|-------|----------|-------------------------|---|---------|---|
|             | Type of (P=Periodic) Inspection (S=Special)             |         |          |          |          |          |     |       |          |                         |   |         |   |
|             | Parent Present (Y=Yes)                                  |         |          |          |          |          |     |       |          |                         |   |         |   |
| 1           | Cleanliness   |         |          |          |          |          |     |       |          |                         |   |         |   |
| 2           | Infestation { Head                                      |         |          | <b></b>  | ļ        | ļ        |     |       |          |                         |   |         |   |
| 3           | Teeth   |         |          |          |          |          |     |       |          |                         |   |         |   |
| 4           | Skin  |         |          |          |          |          |     | ļ     |          |                         | ļ | <b></b> | ļ |
| 5           | Eyes—(a) Vision   |         |          |          |          |          |     |       | <b></b>  |                         | ļ |         | ļ |
| 3           | (b) Squint  |         |          |          |          |          |     |       |          |                         |   |         | ļ |
|             | (c) Other   |         |          |          |          |          |     |       |          |                         |   |         |   |
| 6           | Ears—(a) Hearing  |         |          |          |          |          |     |       |          |                         |   |         |   |
| О           | (D  |         |          |          |          |          |     |       |          |                         |   |         |   |
|             | (b) Otitis media $\begin{Bmatrix} R \\ L \end{Bmatrix}$ |         |          |          |          |          |     |       |          |                         |   |         |   |
|             | (c) Other   |         |          |          |          |          |     |       |          |                         |   |         |   |
| 7           | Nose or Throat  |         |          |          |          |          |     |       |          |                         |   |         |   |
| 8           | Speech  |         |          |          |          |          |     |       |          |                         |   |         |   |
| 9           | Cervical glands   |         |          |          |          |          |     |       |          |                         |   |         |   |
| 10          | Heart and circulation                                   |         |          |          |          |          |     |       |          |                         |   |         |   |
| 11          | Lungs   |         |          |          |          |          |     |       |          |                         |   |         | ļ |
| 12          | Development—(a) Hernia                                  |         |          |          |          |          |     |       |          |                         |   |         | ļ |
|             | (b) Other   |         |          |          |          |          |     |       |          |                         |   |         |   |
| 13          | Orthopaedic—(a) Posture                                 | .,      |          |          |          |          |     |       |          |                         |   |         |   |
| 1.5         | (b) Flat foot   |         |          |          |          |          |     |       |          |                         |   |         |   |
|             | (c) Other   |         |          |          |          |          |     |       |          |                         |   |         |   |
| 14          | Nervous system—(a) Epil-<br>epsy                        |         |          |          |          |          |     |       |          |                         |   |         |   |
|             | (b) Other   |         |          |          |          |          |     |       |          |                         |   |         |   |
| 15          | Psychological—(a) Develop-                              |         |          |          |          |          |     |       |          |                         |   |         |   |
|             | ment  |         |          | ·····    |          |          |     |       |          |                         |   |         |   |
|             | (b) Stability   |         |          |          |          |          |     |       |          | · · · · · · · · · · · · |   |         |   |
| 16          |   |         |          |          |          |          |     |       |          |                         |   |         |   |
| 17          |   |         |          |          |          |          |     |       |          |                         |   |         |   |
| 18          |   | ļ       | <b> </b> |          |          |          |     |       |          |                         |   |         |   |
| 14. Ge      | neral Condition—  |         |          |          |          |          |     |       |          |                         |   |         |   |
| (A =        | Good; $B = Fair$ ; $C = Poor$ )                         |         |          |          |          |          |     |       | <u> </u> |                         |   |         |   |
| 15. Ini     | tials of Medical Officer                                |         |          |          |          |          |     |       |          |                         |   |         |   |
|             |   | 1       | 1        | <u> </u> | <u> </u> | <u> </u> |     | 1     | !        |                         | · | !       |   |
| 16. Spe     | ecial Educational Treatment-                            | -(State | e cate   | gory     | and a    | recom    | men | datio | n)       |                         |   |         |   |

## THE SCHEDULE—continued. MEDICAL EXAMINATIONS AND NOTES.

| 17. VISION (acuity te  | sts):              | 18. Colour Vision.  |
|------------------------|--------------------|---|
| 140ai                  | R<br>L<br>R<br>L   |   |
| vision \{\text{With}\} | glasses            | nd result): 20. SPECIAL TESTS (specify date, test at result): |
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|                        |                    |   |
| 21.—                   |                    |   |
| Date.                  | Defect<br>Code No. | (Please rule line right across after every entry.)            |
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THE SCHEDULE—continued.

| _                                      | Defect   | MEDICAL EXAMINATIONS AND NOTES.                    |
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| Date.                                  | Code No. | (Please rule line right across after every entry.) |
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|  |          | type of employment considered unsuitable)—         |
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#### THE SCHEDULE-continued.

FORM 2.

Regulation 4 (2.).

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#### THE NORTHERN TERRITORY OF AUSTRALIA.

Public Health (Medical and Dental Inspection of School Children) Regulations.

| DENTAL EXAMINATION AN  | ND TR          | EATN            | IENT           | RECO            | ORD |                |  |
|--|----------------|-----------------|----------------|-----------------|-----|----------------|--|
| Name:         School atte           Surname.         Christian Names.           Address:         1.           2.         3.           Note:         Mal Occlus | :              |                 | No             |                 |     |                |  |
| Item.  | First<br>Exam. | Second<br>Exam. | Third<br>Exam. | Fourth<br>Exam. |     | Sixth<br>Exam. |  |
| 1. Name of Examiner 2. Date of Examination   |                |                 |                |                 |     |                |  |
| 3. Grade in School   |                |                 |                |                 |     |                |  |
| <ul><li>4. Age in Years and Months</li><li>5. Number of Decayed Deciduous Teeth Requiring Filling (d)</li></ul>  |                |                 |                |                 |     |                |  |
| 6. Number of Decayed Deciduous Teeth Requiring Extraction (e)  |                |                 |                |                 |     |                |  |
| 7. Number of Previously Filled Deciduous Teeth (f)   |                |                 | ••••           |                 |     | •••••          |  |
| <ul> <li>8. Total Number of Decayed or Filled Deciduous Teeth (d + e + f)</li> <li>9. Number of Permanent Teeth with Pit or</li> </ul>                         |                |                 |                |                 |     |                |  |
| Fissure (PF)  10. Number of Decayed Permanent Teeth  |                |                 |                |                 |     |                |  |
| Requiring Filling (D)  11. Number of Permanent Teeth (M)   |                |                 |                |                 |     |                |  |
| (p.) Previously Extracted  |                |                 |                |                 |     |                |  |
| <ul> <li>(r.) Requiring Extraction Now</li> <li>12. Number of Previously Filled Permanent<br/>Teeth now in Sound Condition (F)</li> </ul>                      |                |                 |                |                 |     |                |  |
| 13. Total Number of Decayed, Missing or Filled Permanent Teeth (D + M + F)   |                |                 |                |                 |     |                |  |

THE SCHEDULE—continued.

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| Right S        | ide of Pati  |   |   |   |        |        |        |        |        |        |        |        |        | _      |    |        |       | rancut.  |
|                |              | 8 | 7 | 6 | 5<br>E | D<br>D | 3<br>C | 2<br>B | A<br>A | A<br>A | 2<br>B | 3<br>C | D<br>D | 5<br>E | 6  | 7      | 8     |          |
| First<br>Exam. | Upper        |   |   |   |        |        |        |        |        |        |        |        |        |        |    |        |       | Upper    |
|                | Lower        |   |   |   |        |        |        |        |        |        |        |        |        |        |    |        |       | Lower    |
| Second         | Upper        |   |   | T |        |        |        |        |        |        |        |        |        |        |    |        |       | Upper    |
| Exam.          | Lower        |   |   |   |        |        |        |        |        | _      |        |        |        |        |    |        |       | Lower    |
| Third          | Upper        |   |   |   |        |        |        |        |        |        |        |        |        |        |    |        |       | Upper    |
| Exam.          | Lower        |   |   |   |        |        |        |        | -      |        |        |        |        |        |    |        |       | Lower    |
| Fourth         | Upper        |   |   |   |        |        |        |        |        |        |        |        |        |        |    |        | _     | Upper    |
| Exam.          | Lower        | - |   |   |        |        |        |        |        |        |        |        |        |        |    |        |       | Lower    |
| Fifth          | Upper        |   |   |   |        |        |        |        |        |        |        |        |        |        |    |        |       | Upper    |
| Exam.          | Lower        | - |   |   |        |        |        |        |        |        |        |        |        |        |    |        |       | Lower    |
| Sixth          | Upper        |   |   |   |        |        |        |        |        |        |        |        |        |        |    |        |       | Upper    |
| Exam.          | Lower        |   |   |   |        |        |        |        |        |        |        |        |        |        |    |        |       | Lower    |

| Date.                                   | Treatment and Remarks.                       | Initials<br>of<br>D.O. | Date.    | Treatment and Remarks. | Initials of D.O. |
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