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About the Institute

The Hunt Institute for Botanical Documentation, a research division of Carnegie Mellon University, specializes in the history of botany and all aspects of plant science and serves the international scientific community through research and documentation. To this end, the Institute acquires and maintains authoritative collections of books, plant images, manuscripts, portraits and data files, and provides publications and other modes of information service. The Institute meets the reference needs of botanists, biologists, historians, conservationists, librarians, bibliographers and the public at large, especially those concerned with any aspect of the North American flora.

Hunt Institute was dedicated in 1961 as the Rachel McMasters Miller Hunt Botanical Library, an international center for bibliographical research and service in the interests of botany and horticulture, as well as a center for the study of all aspects of the history of the plant sciences. By 1971 the Library's activities had so diversified that the name was changed to Hunt Institute for Botanical Documentation. Growth in collections and research projects led to the establishment of four programmatic departments: Archives, Art, Bibliography and the Library.

OFFICE RECORD—DO NOT WRITE ON THIS PAGE

FOLIO NO.

3318

DATE OF THIS EXAMINATION

Apr 14, 1942

SUGGESTED DATE OF NEXT EXAMINATION

April 1947

SCHOOL DISTRICT OF PHILADELPHIA
THE BOARD OF PUBLIC EDUCATION

DIVISION OF MEDICAL INSPECTION OF PUBLIC SCHOOLS

PERIODIC HEALTH EXAMINATION
OF EMPLOYES

ALL RECORDS CONFIDENTIAL

(This page only to be filled out by the school employe and handed to examining physician. To insure legibility, write plainly)

PRESENT OCCUPATION (INDICATE BY X) PRINCIPAL..... TEACHER <u>X</u> SCHOOL SECRETARY..... CUSTODIAN..... OTHER (SPECIFY).....	SERVICE WITH BOARD OF PUBLIC EDUCATION YEARS <u>20</u>	MARITAL STATUS (INDICATE BY X) SINGLE..... MARRIED <u>X</u> WIDOWED..... DIVORCED..... SEPARATED.....	RACE (INDICATE BY X) WHITE <u>X</u> COLORED.....	SEX (INDICATE BY X) MALE..... FEMALE <u>X</u>	DATE OF BIRTH DAY <u>2</u> MONTH <u>7</u> YEAR <u>07</u>	AGE LAST BIRTHDAY <u>37</u> YEARS	PLACE OF BIRTH CITY <u>Bogota</u> STATE <u>Chengiz</u> COUNTRY <u>Russia</u>
---	---	---	---	--	---	---	---

1. IS YOUR APPETITE GOOD, INDIFFERENT, OR POOR? Good SPECIFY Good

2. DO YOU EAT SLOWLY, RAPIDLY, OR IN AN INTERMEDIATE WAY? intermediate SPECIFY intermediate

3. DO YOU HAVE DISTRESS AFTER EATING? YES OR NO no IF SO, DESCRIBE: _____

4. STATE WHETHER YOU EAT SPARINGLY (S), MODERATELY (M), OR FREELY (F), OF THE FOLLOWING FOODSTUFFS. USE SYMBOLS (S), (M), OR (F).

LEAN MEATS <u>M</u>	BREAD <u>F</u>	RAW FRUITS AND TOMATOES <u>M</u>	OTHER VEGETABLES <u>F</u>	SWEET MILK <u>F</u>
FATTY MEATS <u>S</u>	CEREALS <u>S</u>	COOKED FRUITS AND TOMATOES <u>F</u>	GREEN LEAVES <u>F</u>	COCOA <u>M</u>
FISH <u>M</u>	POTATOES <u>M</u>	PIES, CAKES, AND PASTRIES <u>M</u>	SPINACH, SALADS <u>F</u>	BUTTER <u>F</u>
EGGS <u>M</u>	RICE <u>S</u>	SUGAR OR SWEETS <u>M</u>	SALT <u>M</u>	CHEESE <u>S</u>
			PEPPER, SPICES <u>M</u>	BUTTERMILK <u>S</u>

5. CUPS DAILY OF COFFEE.....
TEA.....
OTHER BEVERAGE 2 or 3 (SPECIFY).....

6. GLASSES OF WATER DAILY.....

7. TOBACCO DAILY CIGARETTES.....
CIGARS.....
PIPEFULS.....
CHEWING TOBACCO.....

8. PAST HABIT IN THE USE OF ALCOHOLIC BEVERAGES (INDICATE BY X)
NONE X
LIGHT.....
MEDIUM.....
HEAVY.....

9. AVERAGE NUMBER OF HOURS SLEEP NIGHTLY 8 10. DO YOU SLEEP IN WELL VENTILATED BEDROOM WITH WINDOWS OPEN? YES OR NO yes

11. DO YOU AWAKEN REFRESHED? usually yes (YES OR NO)

12. IS THERE ANYTHING IN YOUR WORK OR ENVIRONMENT LIKELY TO INFLUENCE YOUR HEALTH ADVERSELY? YES OR NO no IF SO, DESCRIBE: _____

13. DO YOU GET ANY PHYSICAL EXERCISE OTHER THAN THAT SECURED IN THE COURSE OF YOUR SCHOOL WORK? (THIS REFERS TO EXERCISE FOR ITS OWN SAKE OR TO OUTDOOR WORK). YES OR NO yes IF SO, PLEASE SPECIFY NATURE AND AMOUNT: swimming, tennis, swimming, bicycling, walk, etc.

14. DO YOU GET SUFFICIENT RECREATION? (THIS REFERS TO GAMES, HOBBIES, PLEASURES, VARIETY IN LIFE, DIVERSITY OF INTERESTS TO RELIEVE MONOTONY). YES OR NO yes IF SO, DESCRIBE: reading, music, theater, plants, collecting

15. ARE YOU NERVOUS OR APPREHENSIVE ABOUT YOUR HEALTH? YES OR NO no IF SO, WHY: _____

16. ARE YOU EASILY IRRITATED, ANNOYED, OR OTHERWISE NERVOUS? YES OR NO no DO YOU HAVE ANY PARTICULAR WORRIES? YES OR NO yes IF SO DESCRIBE: the war (DOMESTIC—FINANCIAL—HEALTH—PROFESSIONAL—SOCIAL—UNNECESSARY)

17. HAVE YOU GAINED OR LOST MUCH WEIGHT IN PAST TWO YEARS? YES OR NO yes IF SO, POUNDS GAINED 23 POUNDS LOST 23 MAXIMUM WEIGHT SINCE REACHING ADULTHOOD 128 POUNDS

18. DO YOU USE EYEGASSES? YES OR NO no IF SO, HOW LONG? YEARS _____ HOW LONG HAVE YOU WORN PRESENT PAIRS? YEARS _____ PRESCRIBED BY PHYSICIAN? YES OR NO _____ AFTER USE OF DROPS? YES OR NO _____ PRESCRIBED FOR CONSTANT USE? YES OR NO _____ READING ONLY? YES OR NO _____ ARE THEY SATISFACTORY? YES OR NO _____ IF SO, INDICATE BY CHECK

19. DO YOU SUFFER FROM HEADACHES? YES OR NO no FRONT..... TOP..... ENTIRE HEAD..... SIDE..... BACK..... MILD..... SEVERE..... FREQUENT..... INFREQUENT..... ASSOCIATED WITH RIDING IN CARS OR OTHER CONVEYANCE? YES OR NO _____ USE OF EYES? YES OR NO _____ CONSTIPATION? YES OR NO _____ MENSTRUATION? YES OR NO _____ IF SO, STATE

20. DO YOU USE PATENT MEDICINES (INCLUDING HEADACHE POWDERS) FOR ANY CONDITION? YES OR NO no WHAT IS TAKEN? _____ FOR WHAT CONDITION? _____

21. A. DO YOU HAVE A GOOD BOWEL MOVEMENT DAILY? YES OR NO yes
B. DO YOU USE LAXATIVES OR ENEMAS FREQUENTLY? IF SO, EXPLAIN. YES OR NO no
C. DO YOU SUFFER FROM HEMORRHOIDS (PILES) OR RECTAL PAIN? IF SO, DESCRIBE. YES OR NO no
D. DO YOU ARISE AT NIGHT TO EMPTY BLADDER? IF SO, GIVE NUMBER OF TIMES. YES OR NO no

22. HAVE YOU EVER HAD A SURGICAL OPERATION? YES OR NO no IF SO, SPECIFY DATE..... NATURE OF OPERATION..... WERE YOU BENEFITTED? _____

23. DID YOU SUFFER FROM ANY SEVERE ILLNESS OR INJURY IN CHILDHOOD? YES OR NO yes ILLNESS OR INJURY epithelium, scarlet fever, measles IF SO, SPECIFY ANY RESULTANT IMPAIRMENT OF HEALTH looking here, water, light

24. DO YOU NOW SUFFER OR HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING TROUBLES? (WRITE YES OR NO)

A. FREQUENT COUGHS OR COLDS <u>no</u>	H. BACKACHE <u>no</u>	N. SWELLING OF FEET <u>no</u>	U. PAINS IN LEGS <u>no</u>
B. ATTACKS OF TONSILLITIS <u>no</u>	I. RHEUMATISM OF JOINTS <u>no</u>	O. VERTIGO OR DIZZINESS <u>no</u>	V. PARALYSIS IN ANY FORM <u>no</u>
C. ACID DYSPEPSIA (SOUR STOMACH) <u>no</u>	J. OTHER FORMS OF SO-CALLED RHEUMATISM <u>no</u>	P. SPELLS OF UNCONSCIOUSNESS <u>no</u>	W. MENSTRUAL DISTURBANCES <u>no</u>
D. VOMITING ATTACKS <u>no</u>	K. SHORTNESS OF BREATH <u>no</u>	Q. NERVOUS BREAKDOWN <u>no</u>	X. FREQUENT URINATION <u>no</u>
E. RAPID FATIGUE <u>no</u>	L. PALPITATION OF HEART <u>no</u>	R. DISCHARGING EAR <u>no</u>	Y. DIFFICULT URINATION <u>no</u>
F. SPITTING OF BLOOD <u>no</u>	M. PAIN IN REGION OF HEART <u>no</u>	S. CHRONIC SKIN DISEASE <u>no</u>	(ANY OTHER SYMPTOM, DISEASE, OR INJURY) <u>no</u>
G. SEVERE ABDOMINAL PAIN <u>no</u>		T. RUPTURE <u>no</u>	

25. IF ANSWER TO ANY ONE OF THE ABOVE QUESTIONS IS YES, PLEASE GIVE DETAILS IN THIS SPACE.

26. IS YOUR HEALTH NOW IN ANY WAY IMPAIRED? YES OR NO no IF SO, DESCRIBE: _____

27. STATE ANY OTHER MATTER ON WHICH THE EXAMINING PHYSICIAN SHOULD BE INFORMED OR ANY QUESTION YOU MAY WISH TO ASK REGARDING YOUR HEALTH.

28. HAVE YOU A REGULAR ATTENDING PHYSICIAN? YES OR NO no IF SO, WHEN DID YOU LAST CONSULT HIM? _____ FOR WHAT AILMENT? _____ (SPECIFY YES OR NO)

29. HAVE YOU BEEN PROTECTED BY VACCINATION OR INOCULATION AGAINST: SMALL POX yes DIPHTEHRIA..... TYPHOID AND PARA-TYPHOID yes OTHER DISEASE.....

30. DID YOU RECEIVE PAMPHLET "YOUR HEALTH WHICH SHOULD ACCOMPANY THIS BLANK"? YES OR NO _____ IS THERE ANYTHING IN IT YOU DO NOT UNDERSTAND? YES OR NO _____

* IN PERSONS IN WHICH THERE IS ANY DUBIETY AS TO THE USE OF THIS FORM, THE PHYSICIAN SHOULD BE CONSULTED.

EMPLOYEE IS NOT TO WRITE ON THIS PAGE

31. PHYSIQUE	HEIGHT 63 1/2 IN.	WEIGHT 124 1/2 LBS.	AVG. WEIGHT (SEE TABLE PAGE 4) 133 LBS.	CIR. OF CHEST AT INSPIR 33 1/2	EXPIR 30 1/2	TEMP. 96.8°F	HOUR TAKEN 11 A. M.
32. EYES	VISION: RIGHT (15/15), LEFT (15/20). EYEGLASSES No. CORRECTING VISION TO: RIGHT (/), LEFT (/). CONSIDER SYMPTOMS OF EYE STRAIN (FREQUENT FRONTAL HEADACHES, TIRING OF EYES AFTER USE, FREQUENT CAR SICKNESS, CONGESTION OF LIDS AND CONJUNCTIVAE), OTHER INDICATIONS OF EYE DISEASE. Pupils reacted to light and accommodation - sclerae and conjunctivae negative						
33. EARS	HEARING: RIGHT (10/10), LEFT (10/10), USING WHISPERED VOICE (NORMALLY AUDIBLE AT 10 FEET). CONSIDER CONDITION OF AUDITORY CANAL BY INSPECTION AND SYMPTOMS POSSIBLY REFERABLE TO EARS AND SENSE OF HEARING. External auditory canals and ear drums negative						
34. NOSE AND THROAT	CONSIDER NASAL OBSTRUCTION, CHRONIC CATARRH, SUSCEPTIBILITY TO COLDS, HEADACHES OR LOCAL TENDERNES INDICATING POSSIBLE SINUS TROUBLE. CONSIDER SIZE, SURFACE APPEARANCE, PARTICULARLY INFLAMMATORY COLOR OF TONSILS AND PILLARS, SURFACE PITTING, HISTORY OF FREQUENT SORE THROAT, ENLARGED CERVICAL LYMPHATICS. CONSIDER NECK SCARS SUGGESTING OLD TUBERCULOUS INFECTION. Nose and throat negative - anterior cervical glands palpable						
35. TEETH AND MOUTH	CONSIDER CAVITIES OF CROWNS AND ROOTS AS WELL AS CAN BE DETERMINED. CONSIDER TARTAR ACCUMULATION, PYORRHEA, GINGIVITIS, ULCERS, ETC. Mucous membranes of the mouth negative - teeth kept in good condition - a few are irregular						
36. THYROID GLAND	CONSIDER GOITER, TACHYCARDIA, EXOPHTHALMOS, TREMOR, EXCESSIVE PERSPIRATION, INCREASED TEMPERATURE AND NERVOUSNESS. Thyroid not definitely palpable						
37. HEART AND CIRCULATORY SYSTEM	PULSE RATE (72) BLOOD PRESSURE: SYSTOLIC 115 MM. DIASTOLIC 75 MM. CONSIDER REGULARITY OF PULSE. CONSIDER SIZE, LOCATION AND VALVULAR SOUNDS OF HEART. CONSIDER EFFECTS OF MODERATE TEST EXERCISE (10 HOPS ON RIGHT FOOT AND THEN 10 HOPS ON LEFT FOOT) ON PULSE AND RESPIRATION. CONSIDER THICKENING AND HARDENING OF BLOOD VESSELS. Apex beat slightly to the left of the midclavicular line - apical systolic murmur - response to 30 jump test was good						
38. LUNGS	CONSIDER CHRONIC COUGH, EXPECTORATION AND PHYSICAL SIGNS. Lungs negative						
39. POSTURE	CONSIDER STOOP SHOULDERS, RELAXED ABDOMINAL MUSCLES, SCOLIOSIS AND GENERALLY RELAXED POSTURE; NOTE WHETHER CAUSED BY GENERAL DEBILITY, OCCUPATION OR SECONDARY TO OTHER ORTHOPEDIC DEFECT. Posture very good						
40. EXTREMITIES	CONSIDER FLAT FEET, EVERTED FEET, DEFORMED TOES, BUNIONS, FIT OF SHOES AND SOCKS OR STOCKINGS, ENLARGED FINGER JOINTS, TOPHI, ETC.; VARICOSE VEINS AND EDEMA OF LOWER EXTREMITIES. Arches good - no edema or varicosities of the legs						
41. NERVOUS SYSTEM	CONSIDER NEURASTHENIA AS EVIDENCED BY RAPID OR EXCESSIVE FATIGUE, HYPERSENSITIVITY OR LACK OF EMOTIONAL CONTROL. CONSIDER OTHER FUNCTIONAL NERVOUS DISEASES. CONSIDER ORGANIC NERVOUS DISEASE, NOTING KNEE AND OTHER REFLEXES, PARTIAL PARALYSES, STATION, GAIT AND PUPILLARY REFLEXES. CONSIDER MENTAL HEALTH. Biceps and patellar reflexes present						
42. DIGESTIVE SYSTEM	CONSIDER INDIGESTION, CONSTIPATION, GASTRIC AND DUODENAL ULCER. Liver not enlarged - gall bladder not tender						
43. GENITO-URINARY AND GYNECOLOGIC	CONSIDER AMOUNT OF URINE AND FREQUENCY OF URINATION. CONSIDER MENSTRUAL DISTURBANCES (SPECIFY PAIN, BACKACHE, HEADACHE, IRREGULARITY, EXCESSIVE OR PROLONGED FLOW), ABNORMALITY OF ANY PREGNANCY OR CHILD BIRTH. Apparently negative						
44. SKIN	CONSIDER DRYNESS, CLAMMINES, ERUPTIONS, SCARS, ETC. Negative						
45. PERSONAL HYGIENE	FOOD: CONSIDER (A) PROPER DIET (FRESH VEGETABLES, GREEN LEAVES, FRUITS, SUFFICIENT FOODS REQUIRING CHEWING; (B) IMPROPER DIET (RICH FOODS, EXCESSIVE SUGARS OR STARCHES, EXCESSIVE MEATS, EXCESSIVE FAT, TEA AND COFFEE); (C) HABITS OF EATING (PROPER TIME ALLOWED FOR MEALS, PROPER CHEWING). Good						
	FRESH AIR: CONSIDER TIME OUT OF DOORS, FRESH AIR AT HOME, VENTILATION OF PLACE OF EMPLOYMENT. Good						
	PHYSICAL EXERCISE: CONSIDER SYSTEMATIC EXERCISE AND EXERCISE INCIDENTAL TO EMPLOYMENT; ALSO EXAMINEE'S ANSWER TO ITEM 13, PAGE 2. Good						
46. NUTRITION	REST, RECREATION AND MENTAL HYGIENE: CONSIDER AMOUNT AND CHARACTER OF SLEEP, AMOUNT OF RECREATION. CONSIDER HURRY, WORRY AND OVERWORK. CONSIDER ALCOHOL AND TOBACCO. CONSIDER EXAMINEE'S ANSWER TO ITEM 14, PAGE 2. Good						
	CONSIDER UNDERWEIGHT, OVERWEIGHT, ANEMIA, RELAXED POSTURE, FIRMNESS OF TISSUES, COMPLEXION INDICATING TOXEMIA. (CONSIDER TABLE OF HEIGHTS AND WEIGHTS ON PAGE 4.) Good						
47. MISCELLANEOUS	CONSIDER HERNIA, RECTAL CONDITIONS OR ANYTHING ELSE NOT SPECIFICALLY COVERED ABOVE. Spleen not enlarged						
48. URINALYSIS	COLOR: Light amber REACTION: Acid SPECIFIC GRAVITY: 1.022 ALBUMIN: Negative SUGAR: Negative MICROSCOPIC: Negative (NOTE ABNORMAL FINDINGS ONLY)						

49. DATE OF EXAMINATION April 14, 1942 PLACE OF EXAMINATION S. Phils. Girls High School

(SIGNATURE OF EXAMINER)

Jacob M. Cohen

TABLE OF HEIGHTS AND WEIGHTS ACCORDING TO AGE

THE AVERAGE WEIGHT FOR HEIGHT AND AGE IS INDICATED IN HEAVY TYPE; 15 PER CENT. BELOW WEIGHT AND 20 PER CENT. ABOVE WEIGHT BEING INDICATED ABOVE AND BELOW RESPECTIVELY IN TYPE.

		MEN														
		INCHES														
AGE		60	61	62	63	64	65	66	67	68	69	70	71	72	73	74
18		96	98	100	103	105	109	112	116	119	123	126	130	134	139	143
		113	115	118	121	124	128	132	136	140	144	148	153	158	163	168
		136	138	142	145	149	154	158	163	168	173	178	184	190	196	202
20		99	101	104	106	109	112	116	119	123	126	129	133	137	141	145
		117	119	122	125	128	132	136	140	144	148	152	156	161	166	171
		140	143	146	150	154	158	163	168	173	178	182	187	193	199	205
25		104	105	107	110	113	116	120	123	127	130	134	138	142	147	152
		122	124	126	129	133	137	141	145	149	153	157	162	167	173	179
		146	149	151	155	160	164	169	174	179	184	188	194	200	208	215
30		107	109	111	113	116	119	123	126	129	133	137	141	146	151	156
		126	128	130	133	136	140	144	148	152	156	161	166	172	178	184
		151	154	156	160	163	168	173	178	182	187	193	199	206	214	221
35		109	111	112	115	117	121	124	128	132	136	140	145	150	155	161
		128	130	132	135	138	142	146	150	155	160	165	170	176	182	189
		154	156	158	162	166	170	175	180	186	192	198	204	211	218	227
40		111	113	115	117	120	123	127	130	134	139	143	148	153	158	164
		131	133	135	138	141	145	149	153	158	163	168	174	180	186	193
		157	160	162	166	169	174	179	184	190	194	202	209	216	224	232
45		113	115	116	119	122	125	128	132	136	140	145	150	155	160	166
		133	135	137	140	143	147	151	155	160	165	170	176	182	188	195
		160	162	164	168	172	176	181	186	192	198	204	211	218	226	234
50 and more		114	116	117	120	123	126	129	133	137	141	145	150	156	162	167
		134	136	138	141	144	148	152	156	161	166	171	177	183	190	197
		161	163	166	169	173	178	182	187	193	199	205	212	220	228	236

		WOMEN														
		INCHES														
AGE		58	59	60	61	62	63	64	65	66	67	68	69	70	71	72
18		92	94	95	97	99	102	105	107	111	114	117	120	123	128	132
		108	110	112	114	117	120	123	126	130	134	138	141	145	150	155
		130	132	134	137	140	144	148	151	156	161	166	169	174	180	186
20		94	95	97	99	101	104	106	109	112	116	119	122	125	128	133
		110	112	114	116	119	122	125	128	132	136	140	143	147	151	156
		132	134	137	139	143	146	150	154	158	163	168	172	176	181	187
25		96	98	99	101	103	105	109	111	115	118	122	125	128	131	134
		113	115	117	119	121	124	128	131	135	139	143	147	151	154	158
		136	138	140	143	145	149	154	157	162	167	172	176	181	185	190
30		99	100	102	104	105	108	111	114	117	121	124	128	131	134	137
		116	118	120	122	124	127	131	134	138	142	146	150	154	157	161
		139	142	144	146	149	152	157	161	166	170	175	180	185	188	193
35		101	103	105	106	108	111	114	117	121	124	128	131	134	136	139
		119	121	123	125	127	130	134	138	142	146	150	154	157	160	163
		143	145	148	150	152	156	161	166	170	175	180	185	188	192	196
40		105	106	108	110	112	115	117	121	124	128	131	134	137	139	142
		123	125	127	129	132	135	138	142	146	150	154	158	161	164	167
		148	150	152	155	158	162	166	170	175	180	185	190	193	197	200
45		107	109	111	112	115	117	120	123	127	130	134	137	139	143	145
		126	128	130	132	135	138	141	145	149	153	157	161	164	168	171
		151	154	156	158	162	166	169	174	179	184	188	193	197	202	205
50 and more		110	111	113	115	117	120	123	126	129	133	137	140	144	147	150
		129	131	133	135	138	141	144	148	152	156	161	165	169	173	176
		155	157	160	162	166	169	173	178	182	187	193	198	203	208	211

SUMMARY AND RECOMMENDATIONS OF EXAMINING PHYSICIAN

1. WHAT CONDITIONS ARE RECORDED IN THIS REPORT WHICH:

(A) MAKE MEDICAL ATTENTION ADVISABLE:

None

(B) INDICATE CHANGE OF PERSONAL HABITS OR OF ENVIRONMENT:

None

2. ARE THERE ANY CONDITIONS HERE ENCOUNTERED WHICH, IN YOUR OPINION, RENDER HEALTH EXAMINATION ADVISABLE BEFORE THE NEXT REGULAR DATE? PLEASE SPECIFY CONDITION OR CONDITIONS AND SUGGESTED DATE OF NEXT EXAMINATION.

CONDITIONS FOUND:

None

NOTE: IF THERE ARE ANY STATEMENTS UNDER "SUMMARY AND RECOMMENDATIONS" ABOVE WHICH ARE NOT CLEARLY UNDERSTOOD, CORRESPONDENCE IS INVITED FOR THEIR EXPLANATION.

SUGGESTED DATE OF NEXT EXAMINATION

April 1947

Jacob M. Cohen
(NAME OF EXAMINER)

M. D.

OFFICE RECORD—DO NOT WRITE ON THIS PAGE

FOLIO NO.

3318

DATE OF THIS EXAMINATION

Dec 24, 1934

SUGGESTED DATE OF NEXT EXAMINATION

Oct 24, 1939

SCHOOL DISTRICT OF PHILADELPHIA
THE BOARD OF PUBLIC EDUCATION

DIVISION OF MEDICAL INSPECTION OF PUBLIC SCHOOLS

PERIODIC HEALTH EXAMINATION
OF EMPLOYEES

ALL RECORDS CONFIDENTIAL

(This page only to be filled out by the school employe and handed to examining physician. To insure legibility, write plainly)

Present Occupation (Indicate by x)	Service with Board of Education	Marital Status (Ind. by x)	Race (Ind. by x)	Sex (Ind. by x)	Date of Birth	Age Last Birthday	Place of Birth
Principal <u>Teacher</u>		Single	White <u>X</u>	Male	Day <u>7</u>	<u>30</u> Years	City
Clerical Assistant		Married <u>X</u>			Month <u>Feb</u>		State
Custodian	Years <u>12</u>	Widowed	Colored	Female <u>X</u>	Year <u>1904</u>		Country <u>Russia</u>
Other (Specify)		Divorced					
		Separated					

1. Is your appetite Good, Indifferent or Poor? Good (Specify)

2. Do you eat Slowly, Rapidly or in an Intermediate Way? Slowly (Specify)

3. Do you have distress after eating? Yes or No No If so, describe: _____

4. State whether you eat sparingly (S), moderately (M), or freely (F) of the following foodstuffs. Use symbols (S), (M), or (F).

Lean Meats <u>M</u>	Bread <u>F</u>	Raw fruits and tomatoes <u>M</u>	Other vegetables <u>F</u>	Sweet milk <u>F</u>
Fatty Meats <u>M</u>	Cereals <u>F</u>	Cooked fruits and tomatoes <u>M</u>	Green leaves <u>F</u>	Cocoa <u>S</u>
Fish <u>M</u>	Potatoes <u>F</u>	Pies, cakes and pastries <u>S</u>	Spinach, salads <u>F</u>	Butter <u>F</u>
Eggs <u>F</u>	Rice <u>S</u>	Sugar or sweets <u>S</u>	Pepper, spices <u>F</u>	Cheese <u>M</u>
				Buttermilk <u>S</u>

5. Cups daily of Coffee _____ Tea _____ Other beverage _____ (Specify)

6. Glasses of water daily 4

7. Tobacco daily Cigarettes _____ Cigars _____ Pipefuls _____ Chewing tobacco _____

8. Past habit in the use of alcoholic beverages (Indicate by x) None X Light _____ Medium _____ Heavy _____

9. Average number of hours sleep nightly? 8

10. Do you sleep in well ventilated bedroom with windows open? Yes or No Yes

11. Do you awaken refreshed? Yes or No No

12. Is there anything in your work or environment likely to influence your health adversely? Yes or No Yes If so, describe: Strain of teaching under existing conditions

13. Do you get any physical exercise other than that secured in the course of your school work? (This refers to exercise for its own sake or to outdoor work.) Yes or No Yes If so, please specify nature and amount: Wint. and Summering Golf Tennis

14. Do you get sufficient recreation? (This refers to games, hobbies, pleasures, variety in life, diversity of interests to relieve monotony.) Yes or No Yes If so, describe: lectures, concerts Theatre nature study

15. Are you nervous or apprehensive about your health? Yes or No No If so, why? _____

16. Are you easily irritated, annoyed or otherwise nervous? Yes or No No Do you have any particular worries? Yes or No Yes If so, describe: Financial Professional

17. Have you gained or lost much weight in past two years? Yes or No No If so, Pounds gained _____ Pounds lost _____ Maximum weight since reaching adulthood _____ Pounds

18. Do you use eyeglasses? Yes or No Yes If so, how long? 4 years How long have you worn present pair? 4 years Prescribed by a physician? Yes After use of drops? Yes Prescribed for constant use? _____ Wearing only? X Are they satisfactory? Yes

19. Do you suffer from headaches? Occasionally If so, indicate by check: Front X Side _____ Top _____ Back _____ Entire head _____ Mild Right Severe _____ Frequent _____ Infrequent ✓ Associated with Riding in cars or other conveyance? _____ Use of eyes? _____ Constipation? _____ Menstruation? _____

20. Do you use patent medicines (including headache powders) for any condition? Yes or No No What is taken? _____ For what condition? _____

21. A. Do you have a good bowel movement daily? Yes
 B. Do you use laxatives or enemas frequently? If so, explain. No
 C. Do you suffer from hemorrhoids (piles) or rectal pain? If so, describe. No
 D. Do you arise at night to empty bladder? If so, give number of times. No

22. Have you ever had a surgical operation? Yes or No No Date _____ Nature of operation _____ Were you benefited? _____

23. Did you suffer from any severe illness or injury in childhood? Yes or No Yes Illness or injury: Diphtheria scarlet fever Any resultant impairment of health: Heart - slight impairment

24. Do you now suffer or have you ever suffered from any of the following troubles? (Write Yes or No)

a. Frequent coughs or colds <u>No</u>	b. Backache <u>No</u>	n. Swelling of feet <u>No</u>	u. Pains in legs <u>No</u>
v. Attacks of tonsillitis <u>No</u>	i. Rheumatism of joints <u>No</u>	o. Vertigo or dizziness <u>No</u>	v. Paralysis in any form <u>No</u>
w. Acid dyspepsia (sour stomach) <u>No</u>	j. Other forms of so-called rheumatism <u>occasionally</u>	p. Spells of unconsciousness <u>No</u>	w. Menstrual disturbances <u>No</u>
x. Vomiting attacks <u>No</u>	k. Shortness of breath <u>No</u>	q. Nervous breakdown <u>No</u>	x. Frequent urination <u>No</u>
y. Rapid fatigue <u>No</u>	l. Palpitation of heart <u>No</u>	r. Discharging ear <u>No</u>	y. Difficult urination <u>No</u>
z. Spitting of blood <u>No</u>	m. Pain in region of heart <u>No</u>	s. Chronic skin disease <u>No</u>	Any other symptom, disease or injury
aa. Severe abdominal pain <u>No</u>	t. Rupture <u>No</u>		

25. If answer to any one of the above questions is Yes, please give details in this space.

26. Is your health now in any way impaired? Yes or No No If so, describe: _____

27. State any other matter on which the examining physician should be informed or any question you may wish to ask regarding your health. Leucorrhea

28. Have you a regular attending physician? Yes or No No If so, when did you last consult him? _____ For what ailment? _____

29. Have you been protected by vaccination or inoculation against: Smallpox Yes Diphtheria _____ Typhoid and Para-Typhoid _____ Other Disease _____

30. Do you receive pamphlet "Your Health"? Yes or No _____ Is there anything in it which you desire to have explained? _____

31. PHYSIQUE	HEIGHT <u>60</u> in. WEIGHT <u>122 1/2</u> lbs. AVGE. WEIGHT (See table page 4) <u>127</u> lbs. Cir. of chest at: inspir. <u>30 1/2</u> expir. <u>28 3/4</u> in. Temp. <u>98</u> °F Hour taken <u>11</u> A. M. P. M.
32. EYES	VISION: Right (<u>15</u> / <u>15</u> -), Left (<u>15</u> / <u>15</u> -). Eyeglasses? <u>yes</u> correcting vision to: Right (/), Left (/). Consider symptoms of eye strain (frequent frontal headaches, tiring of eyes after use, frequent car sickness, congestion of lids and conjunctiva). Other indications of eye disease. Eyes grossly negative- Wears glasses for mild astigmatism
33. EARS	HEARING: Right (<u>10</u> / <u>10</u>), Left (<u>10</u> / <u>10</u>), using whispered voice (normally audible at 10 feet). Consider condition of auditory canal by inspection and symptoms possibly referable to ears and sense of hearing. Canals and drums normal
34. NOSE AND THROAT	Consider nasal obstruction, chronic catarrh, susceptibility to colds, headaches or local tenderness indicating possible sinus trouble. Consider size, surface appearance, particularly inflammatory color of tonsils and pillars, surface pitting, history of frequent sore throat, enlarged cervical lymphatics. Consider neck scars suggesting old tuberculous infection. Tonsils a little large, particularly the left Nose and throat otherwise negative
35. TEETH AND MOUTH	Consider caries of crowns and roots as well as can be determined. Consider tartar accumulation, pyorrhea, gingivitis, ulcers, etc. Teeth in good repair - Gums and mucous membranes healthy
36. THYROID GLAND	Consider goiter, tachycardia, exophthalmos, tremor, excessive perspiration, increased temperature and nervousness. Negative
37. HEART AND CIRCULATORY SYSTEM	PULSE RATE (<u>80</u>) BLOOD PRESSURE: Systolic <u>116</u> mm. Diastolic <u>80</u> mm. Consider regularity of pulse. Consider size, location and valvular sounds of heart. Consider effect of moderate test exercise (10 hops on right foot and then 10 hops on left foot) on pulse and respiration. Consider thickening and hardening of blood vessels. Cardio-vascular system negative Satisfactory exercise response
38. LUNGS	Consider chronic cough, expectoration and physical signs. Lungs normal throughout
39. POSTURE	Consider stoop shoulders, relaxed abdominal muscles, scoliosis and generally relaxed posture; note whether caused by general debility, occupation or secondary to other orthopedic defect. Erect posture - No spinal curvatures - Abdominal muscles fairly firm
40. EXTREMITIES	Consider flat feet, everted feet, deformed toes, bunions, fit of shoes and socks or stockings, enlarged finger joints, tophi, etc.; varicose veins and edema of lower extremities. Negative
41. NERVOUS SYSTEM	Consider neurasthenia as evidenced by rapid or excessive fatigue, hypersensitivity or lack of emotional control. Consider other functional nervous diseases. Consider organic nervous disease, noting knee and other reflexes, partial paralyses, station, gait and pupillary reflexes. Consider mental health. Reflexes actively responsive - Nervous system stable
42. DIGESTIVE SYSTEM	Consider indigestion, constipation, gastric and duodenal ulcer. Negative
43. GENITO-URINARY AND GYNECOLOGIC	Consider amount of urine and frequency of urination. Consider menstrual disturbances (specify pain, backache, headache, irregularity, excessive or prolonged flow), abnormality of any pregnancy or childbirth. Complains of some leucorrhoea
44. SKIN	Consider dryness, clamminess, eruptions, scars, etc. Negative
45. PERSONAL HYGIENE	FOOD: Consider (a) Proper diet (fresh vegetables, green leaves, fruits, sufficient foods requiring chewing); (b) improper diet (rich foods, excessive sugars or starches, excessive meats, excessive fats, tea and coffee); (c) habits of eating (proper time allowed for meals, proper chewing). Balanced diet FRESH AIR: Consider time out of doors, fresh air at home, ventilation of place of employment. Satisfactory PHYSICAL EXERCISE: Consider systematic exercise and exercise incidental to employment; also examinee's answer to item 13, page 2. Satisfactory REST, RECREATION AND MENTAL HYGIENE: Consider amount and character of sleep, amount of recreation. Consider hurry, worry and overwork. Consider alcohol and tobacco. Consider examinee's answer to item 14, page 2. Plenty of recreation and diversified interests
46. NUTRITION	Consider underweight, overweight, anemia, relaxed posture, firmness of tissues, complexion indicating toxemia (Consider table of heights and weights on page 4.) Good nutrition - Good tissue tone
47. MISCELLANEOUS	Consider hernia, rectal conditions or anything else not specifically covered above. Negative
48. URINALYSIS	Color <u>Amber</u> Reaction <u>Acid</u> Specific Gravity <u>1.027</u> Albumin <u>None</u> Sugar <u>None</u> Microscopic <u>negative at this examination</u> (Note abnormal findings only)
49. DATE OF EXAMINATION	<u>Oct 24</u> 193 <u>4</u> PLACE OF EXAMINATION <u>Woburn, Mass.</u> (SIGNATURE OF EXAMINER) <u>Rudolph Bloom</u> M.

TABLE OF HEIGHTS AND WEIGHTS ACCORDING TO AGE

The AVERAGE WEIGHT for height and age is indicated in heavy type; 15 per cent. below weight and 20 per cent. above weight being indicated above and below respectively in type.

		MEN														
		INCHES														
AGE		60	61	62	63	64	65	66	67	68	69	70	71	72	73	74
18	96	98	100	103	105	106	112	116	119	123	126	130	134	139	143	
	113	115	118	121	124	128	132	136	140	144	148	153	158	163	168	
	136	138	142	145	149	154	158	163	168	173	178	184	190	196	202	
20	99	101	104	106	109	112	116	119	123	126	129	133	137	141	145	
	117	119	122	125	128	132	136	140	144	148	152	156	161	166	171	
	140	143	146	150	154	158	163	168	173	178	182	187	193	199	205	
25	104	105	107	110	113	116	120	123	127	130	134	138	142	147	152	
	122	124	126	129	133	137	141	145	149	153	157	162	167	173	179	
	146	149	151	155	160	164	169	174	179	184	188	194	200	208	215	
30	107	109	111	113	116	119	123	126	129	133	137	141	146	151	156	
	126	128	130	133	136	140	144	148	152	156	161	166	172	178	184	
	151	154	156	160	163	168	173	178	182	187	193	199	206	214	221	
35	109	111	112	115	117	121	124	128	132	136	140	145	150	155	161	
	128	130	132	135	138	142	146	150	155	160	165	170	176	182	189	
	154	156	158	162	166	170	175	180	186	192	198	204	211	218	227	
40	111	113	115	117	120	123	127	130	134	139	143	148	153	158	164	
	131	133	135	138	141	145	149	153	158	163	168	174	180	186	193	
	157	160	162	166	169	174	179	184	190	194	202	209	216	224	232	
45	113	115	116	119	122	125	128	132	136	140	145	150	155	160	166	
	133	135	137	140	143	147	151	155	160	165	170	176	182	188	195	
	160	162	164	168	172	176	181	186	192	198	204	211	218	226	234	
50 and more	114	116	117	120	123	126	129	133	137	141	145	150	156	162	167	
	134	136	138	141	144	148	152	156	161	166	171	177	183	190	197	
	161	163	166	169	173	178	182	187	193	199	205	212	220	228	236	

		WOMEN														
		INCHES														
AGE		58	59	60	61	62	63	64	65	66	67	68	69	70	71	72
18	92	94	95	97	99	102	105	107	111	114	117	120	123	128	132	
	108	110	112	114	117	120	123	126	130	134	138	141	145	150	155	
	130	132	134	137	140	144	148	151	156	161	166	169	174	180	186	
20	94	95	97	99	101	104	106	109	112	116	119	122	125	128	133	
	110	112	114	116	119	122	125	128	132	136	140	143	147	151	156	
	132	134	137	139	143	146	150	154	158	163	168	172	176	181	187	
25	96	98	99	101	103	105	109	111	115	118	122	125	128	131	134	
	113	115	117	119	121	124	128	131	135	139	143	147	151	154	158	
	136	138	140	143	145	149	154	157	162	167	172	176	181	185	190	
30	99	100	102	104	105	108	111	114	117	121	124	128	131	134	137	
	116	118	120	122	124	127	131	134	138	142	146	150	154	157	161	
	139	142	144	146	149	152	157	161	166	170	175	180	185	188	193	
35	101	103	105	106	108	111	114	117	121	124	128	131	134	136	138	
	119	121	123	125	127	130	134	138	142	146	150	154	157	160	163	
	143	145	148	150	152	156	161	166	170	175	180	185	188	192	196	
40	105	106	108	110	112	115	117	121	124	128	131	134	137	139	142	
	123	125	127	129	132	135	138	142	146	150	154	158	161	164	167	
	148	150	152	155	158	162	166	170	175	180	185	190	193	197	200	
45	107	109	111	112	115	117	120	123	127	130	134	137	139	143	145	
	126	128	130	132	135	138	141	145	149	153	157	161	164	168	171	
	151	154	156	158	162	166	169	174	179	184	188	193	197	202	205	
50 and more	110	111	113	115	117	120	123	126	129	133	137	140	144	147	150	
	129	131	133	135	138	141	144	148	152	156	161	165	169	173	176	
	155	157	160	162	166	169	173	178	182	187	193	198	203	208	211	

SUMMARY AND RECOMMENDATIONS

1. What conditions are recorded in this report which:
 A. Make medical attention advisable;

Should receive treatment for leucorrhoea

- B. Indicate change of personal habits or of environment?

None

2. Are there any conditions here encountered which, in your opinion, render health examination advisable before the next regular date? Please specify condition or conditions and suggested date of next examination.

Conditions found none

Note: If there are any statements under "Summary and Recommendations" above which are not clearly understood, correspondence is invited for their explanation.

Suggested date of next examination October

193 9

Rudolph Bloom
(Name of examiner)

M. D.

ROSTER

The Philadelphia Normal School

February 1, 1921 June 24, 1921

SECTIONS	MONDAY						TUESDAY						WEDNESDAY						THURSDAY						FRIDAY						SECTIONS
	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
9-10	METHODS — FEBRUARY 1-4												METHODS AND OBSERVATION AND PRACTICE — FEBRUARY 7-APRIL 8												9-10						
11-12	METHODS — APRIL 11-15												METHODS AND OBSERVATION AND PRACTICE — APRIL 18-JUNE 13												11-12						
9-10 METHODS FEB. 1-4	Net Study A. R.	Eng A. R.	Arith A. R.	Geog L. R.	Read L. R.	Draw 404	Hist L. R.	Geog L. R.	Eng A. R.	Arith A. R.	Prin Teach 287	Read L. R.	Geog A. R.	Eng L. R.	Arith 204	Net Study L. R.	Gym	Prin Teach L. R.	Read L. R.	Hist A. R.	Eng L. R.	Geog 402	Prin Teach 303	Arith L. R.	FOLLOW REGULAR ROSTER						11-12 METHODS APRIL 11-15
UNDER SENIORS	APRIL 8 20 DAYS	9	A	School of Practice 305 †	Geog 401	Sch of Pract 101*	School of Practice 304 †	Arith 204	Read 203	Geog 401	School of Practice 304 †	Arith 204	Read 203	School of Practice 304 †	Gym	Sch of Pract 101*	Draw 404	Read 200	Geog 401	Mus L. R.	Prin Teach 303	Arith 204	Read 203	Mus 207	Writ 201	Gym	Arith 204	Geog 401	A	11	APRIL 18 20 DAYS
			B	School of Practice 295 †	Geog 401	Sch of Pract 101*	School of Practice 304 †	Arith 204	Read 203	Arith 204	School of Practice 304 †	Gym	Sch of Pract 101*	Draw 400	Read 200	Geog 404	Mus L. R.	Prin Teach 304	Arith 204	Writ 204	Writ 402	Gym	Arith 204	Geog 401	B						
	FEB. 7 20 DAYS	10	C	Eng 304 N. Str 401	Eng 304	Hist 205	Net Study 401	Mus 206	Prin Teach 306	School of Practice 308 †	Eng 304	Sch of Pract 101*	School of Practice 401 †	Eng 304	Sch of Pract 101*	Gym	Mus 206	School of Practice 307 †	Hist 205	Eng 304	Net Study 401	Hist 205	Eng 304	Writ 201		Gym	Writ 201	Draw 404	C	12	JUNE 13 20 DAYS
			D	M Trg 101 Hist 205	Eng 304	Hist 205	Net Study 401	Mus 206	Prin Teach 295	School of Practice 308 †	Eng 304	Sch of Pract 101*	School of Practice 401 †	Eng 304	Sch of Pract 101*	Gym	Mus 206	School of Practice 307 †	Hist 205	Sch of Pract 101*	Hist 205	Eng 304	Net Study 401	Gym	Draw 404	Writ 201	D				
UNDER SENIORS	FEB. 1-APRIL 8	8K	Kan 205	Hist Ed 306	Per 303	Hyg 301	Alg 204	Biol 402	Hist Ed 306	Per 303	Kindergarten 205	Kgm 206	Per 303	Physics 308	Alg 204	Draw 404	Mus L. R.	Kindergarten 206	Hist Ed 306	Hyg 301	Per 303	Physics 308	Alg 204	Biol 402	Kgm 205	Hist Ed 306		8K	APRIL 11-JUNE 13		
			Per 303	Hist L. R.	Mus 304	Eng 303	Geog 207	Drawing 404	Hist Ed 306	Gym	Per 303	Eng 304	Chemistry 305	Physics 208	Geog 207	Hyg 301	Eng 303	Hyg 301	Per 303	Gym	Hist Ed 306	Chemistry 305	Physics 308	Geog 207	Hyg 301	Eng A. R.	Indus Arts 101			Per 303	Hist Ed 306
			Drawing 404	Hist Ed 306	Per 303	Soc 300	Hist Ed 306	Mus L. R.	Per 303	Geog 207	Gym	Hist Ed 306	Hyg 301	Chemistry 305	Physics 308	Eng 304	Hist Ed 306	Soc 300	Lit 304	Per 303	Gym	Geog 297	Chemistry 305	Physics 308	Hist Ed 306	Per 303	Soc 300			Eng 304	Hyg 301
			Sewing Laboratory 207	Per 303	Dietetics Laboratory	Hyg 301	Observation 206 †	Per 303	Physics 308	Observation 207 †	Per 303	Reading 203	Hyg 301	Diet 305	Diet 204	Math 287	Drawing 107	Observation 107*	Per 303	Math 206	Physics 308	Observation 107*	BHA								
Mus 206	Lit 307	Per 303	Arith 204	Alg 204	Comp 105	Hist Ed 306	Arith 204	Soc 300	Per 303	Ecums 208	Gym 105*	Ecums 208	Per 303	Hyg 301	Lit 306	Alg 204	Comp 105	Eng 303	History of Education 306	Hyg 301	Soc 300	Drawing 404		Per 303	Ecums 208	Alg 204	Comp 105	Hist Ed 306	Gym 105*		

* Cloak Room † Roll Call



University of Pennsylvania
THE COLLEGE
COLLEGE COURSES FOR TEACHERS

Report of the standing for the Second term of the
session 1922-3 of Miss Ida Eunice Kaplan a member
of the Partial class, in the College Courses for Teachers.

SUBJECT	DESCRIPTION	UNITS*	GRADE†
English 1	English Composition	2	G
English 40	History of English Literature	1	G

A. G. Howland

DIRECTOR OF THE COLLEGE COURSES FOR TEACHERS.

R. B. Bunte

DEAN OF THE COLLEGE.

*A unit of work is the equivalent of one hour a week for a year in lecture or recitation, or two hours a week for a year in laboratory work. Final credit is not given towards a degree until the entrance requirements of the College have been satisfied.

†Five grades are given: Distinguished, Good, Passed, Not Passed, and Failure. If the work in a course is incomplete, the grade of No Standing is given.



University of Pennsylvania
THE COLLEGE
COLLEGE COURSES FOR TEACHERS

Report of the standing for the First term of the
session 19 22-23 of Miss Ida E. Kaplan a member
of the Partial class, in the College Courses for Teachers.

SUBJECT	DESCRIPTION	UNITS*	GRADE†
* English 1T	English Composition	-	G

U. B. Howland
DIRECTOR OF THE COLLEGE COURSES FOR TEACHERS.

R. B. Bunte
DEAN OF THE COLLEGE.

*A unit of work is the equivalent of one hour a week for a year in lecture or recitation, or two hours a week for a year in laboratory work. Final credit is not given towards a degree until the entrance requirements of the College have been satisfied.

†Five grades are given: Distinguished, Good, Passed, Not Passed, and Failure. If the work in a course is incomplete, the grade of No Standing is given.

COURSES MARKED WITH A STAR CONTINUE
THROUGHOUT THE YEAR. NO CREDIT WILL BE
GIVEN FOR SUCH COURSES UNTIL THEY ARE

SUCCESSFULLY COMPLETED.



University of Pennsylvania
THE COLLEGE
College Courses for Teachers

Report of the standing for the First term of the
session 1923-24 of Miss Ida E. Kaplan a member
of the Partial class, in the College Courses for Teachers.

SUBJECT	DESCRIPTION	UNITS*	GRADE:
English 3T	English Composition.	- ★	G
French 1T	Beginners' Course in Grammar and Reading.	- ★	G

DIRECTOR OF THE COLLEGE COURSES FOR TEACHERS.

R. B. Bunte
DEAN OF THE COLLEGE.

*A unit of work is the equivalent of one hour a week for a year in lecture or recitation, or two hours a week for a year in laboratory work. Final credit is not given towards a degree until the entrance requirements of the College have been satisfied.

Five grades are given; Distinguished, Good, Passed, Not Passed, and Failure. If the work in a course is incomplete, the grade of No Standing is given.

COURSES MARKED WITH A STAR CONTINUE
THROUGHOUT THE YEAR. NO CREDIT WILL BE
GIVEN FOR SUCH COURSES UNTIL THEY ARE
RE-EXAMINED.

UNIVERSITY OF PENNSYLVANIA
THE SCHOOL OF EDUCATION

PHILADELPHIA, January 12, 1924.

This is to certify that THE ADDITIONAL ACTIONS NOTED BELOW HAVE BEEN TAKEN IN THE

CASE OF Ida Eunice Kaplan
COURSE IN Education (After-School)

Advanced credits granted, based on work in Philadelphia Normal School

Required Subjects Education 7, 10, 20, 51, 80, 7 units; History 1 unit;
Psychology 1-ab, 1 unit; Sociology, in lieu of 9, 1 unit;

Specialization:

Free Electives: Biology 3 units; Education free, 5 units; Geography 3 units;
Hygiene 5, in excess, 1½ units; Mathematics 5, 1½ units;
Psychology free, 2 units;

See the current announcement of the College for the significance of the above classification of your advanced credit.

All advanced credits are granted with the understanding that they may be revoked, either in whole or in part, by the Executive Committee concerned, if succeeding work is not satisfactory; also with the understanding that advanced credits in any particular subject may be revoked, in whole or in part, by the Department of Instruction concerned, if succeeding work in that subject is not satisfactory.

(Signed)

George Wm Mc Clelland

Director of Admissions.

UNIVERSITY OF PENNSYLVANIA
~~THE WHARTON SCHOOL OF FINANCE AND COMMERCE~~
THE SCHOOL OF EDUCATION

PHILADELPHIA, March 20, 1924.

This is to certify that THE ADDITIONAL ACTIONS NOTED BELOW HAVE BEEN TAKEN IN THE

CASE OF Ida Eunice Kaplan
COURSE IN Education (After-School)

Advanced credits granted, based on work in U. of P. (C. C. T.)

College Required Subjects: English 1T, 2 units; 40, 1 unit; English 3T, 1 unit;
French 1T, 1st term;

College Electives: Provisional Admission Made Final.

Wharton School Subjects:

See the current announcement of the Wharton School for the significance of the above classifications of your advanced credit.

All advanced credits are granted with the understanding that they may be revoked, either in whole or in part, by the Executive Committee concerned, if succeeding work is not satisfactory; also with the understanding that advanced credits in any particular subject may be revoked, in whole or in part, by the Department of Instructions concerned, if succeeding work in that subject is not satisfactory.

(Signed)

George Wm Mc Clelland

Director of Admissions.

UNIVERSITY OF PENNSYLVANIA
THE SCHOOL OF EDUCATIONProvisional Transfer
from C. C. T.

PHILADELPHIA. January 12, 1924.

This is to certify that Eunice Kaplan, 3006 W. Berks Street, Philadelphia, Pa.

HAS BEEN ADMITTED TO THE HONOR6 CLASS. COURSE IN Education (After-School)
WITH ENTRANCE CREDITS, AS 6 BELOW.

	CERT.	EXAM.		CERT.	EXAM.
ENGLISH	4		PHYS.		
HISTORY	3		GENE		
CIVIL GOVERNMENT			ECON		
LATIN	4		SOC&BLEM		
FRENCH			BOING		
GERMAN			ARIE		
SPANISH			BUSIAW		
MATHEMATICS AC	2 $\frac{1}{2}$		COM		
PHYSICS	1		DRA		1 $\frac{1}{2}$
CHEMISTRY	1		MANING		
BIOLOGY	1				
BOTANY					
ZOOLOGY					

PRESERVE THIS CERTIFICATE for presentation when you come to the University.

Read carefully the Statement of Information for New Students as you will be held responsible for all instructions in it. If you do not receive a copy of the statement, you should request one immediately.

Read carefully the most recent announcement of the Division of the University which you are entering, as you will be subject to the regulations in it. A copy will be sent upon request.

This certificate is for registration only on the days mentioned on the accompanying statement. If presented after those dates, it may have to be refused, because of the large number of students registering on the announced dates.

(Signed)

George Wm. Mc Clelland

Director of Admissions.

Keystone Index Card Co. Phila. 22989

Form 15-Part 1

UNIVERSITY OF PENNSYLVANIA
THE COLLEGE

PHILADELPHIA. March 20, 1924.

This is to certify that THE ADDITIONAL ACTIONS NOTED BELOW HAVE BEEN TAKEN IN THE

CASE OF Ida Eunice Kaplan
COURSE INAdvanced credits granted, based on work in _____
Required Work:

Cancel Admission to C. C. T. - Transferred to Education (After-School).

Major or Electives: (The student's personal faculty advisor should be consulted to determine which of these subjects may count as part of the student's major. Such consultation should be made at the time of registration.)

See the current announcement of the College for the significance of the above classification of your advanced credit.

All of the requirements for the degree which are not met by advanced credit must be satisfied by future work before the degree will be given. All advanced credits are granted with the understanding that they may be revoked, either in whole or in part, by the Executive Committee concerned, if succeeding work is not satisfactory; also with the understanding that advanced credit in any particular subject may be revoked, in whole or in part, by the Department of Instruction concerned, if succeeding work in that subject is not satisfactory.

(Signed)

George Wm. Mc Clelland

Director of Admissions.

UNIVERSITY OF PENNSYLVANIA
THE COLLEGE

Form 20—Part 1
(STUDENT'S COPY)

This is to certify that

PHILADELPHIA, October 8, 1934

Ida K. Langman
4210 Parkside Avenue, Philadelphia, Pa.

HAS BEEN ADMITTED AS A SPECIAL STUDENT IN THE COLLEGE COLLATERAL COURSES.

(SIGNED)

Karl G. Miller

(DIRECTOR OF ADMISSIONS)

This certificate does not admit you as a candidate for a degree.

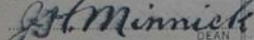
If you wish to be admitted as a candidate for a degree, full credentials covering your previous scholastic work should be submitted. If such credentials are submitted less than two weeks before the beginning of the academic year, a fee of five dollars will be charged.

UNIVERSITY OF PENNSYLVANIA—THE SCHOOL OF EDUCATION

NAME Kaplan, Ida Eunice (IN FULL) CLASS Junior COURSE EducationTERM: 2ndYEAR: 1923—1924

IMPORTANT: Space on reverse side of this card for name and address must be filled in by student in order to receive term report.

SIGNED:


 J. St. Minnick
DEAN
DATE: 7-11-24

See other side

2. STUDENT'S REPORT

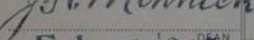
SUBJECT	NO.	DESCRIPTION	* CL.	UNITS PER TERM	HRS.	GRADE
French	1T	Elementary French	E	2	4	D
Hist	13T	Hist. of France 1200-1500	R	1	2	G
Hist	3T	Medieval History	R	1	2	G
Psy	21T	Mind and Body	R	1	3	P

UNIVERSITY OF PENNSYLVANIA—THE SCHOOL OF EDUCATION

NAME Ida Eunice Kaplan (IN FULL) CLASS Junior COURSE EducationTERM: 1stYEAR: 1924—1925

IMPORTANT: Space on reverse side of this card for name and address must be filled in by student in order to receive term report.

SIGNED:


 J. St. Minnick
DEAN
DATE: Feb. 7 1925

See other side

2. STUDENT'S REPORT

SUBJECT	NO.	DESCRIPTION	* CL.	UNITS PER TERM	HRS.	GRADE
French	2	Intermediate French	R	1 1/2	3	D
Psy	10T	General Psychology	"	1/2	2	P
"	32T	Genetic Psychology	"	1	3	G
"	11T	Child "	"	1/2	1	P
Ed.	40	Prin. of Secondary Ed.	"	1	2	G

UNIVERSITY OF PENNSYLVANIA—THE SCHOOL OF EDUCATION

NAME Ida Eunice Kaplan CLASS Senior COURSE Education

(IN FULL)

TERM: 1stYEAR: 1925—1926

IMPORTANT: Space on reverse side of this card for name and address must be filled in by student in order to receive term report.

SIGNED:

DEAN

DATE: 3/24/26

See other side

2. STUDENT'S REPORT

SUBJECT	NO.	DESCRIPTION	* CL.	UNITS PER TERM	HRS.	GRADE
Fr.	4T	Advanced Reading	R	1	2	G+
Fr.	5T	" Composition	R	1/2	1	D
Bot.	1T	General Botany	M	1 1/2	4	G
Soc.	3AT	Criminology	R	1/4	2	G

UNIVERSITY OF PENNSYLVANIA—THE SCHOOL OF EDUCATION

NAME Kaplan, Ida Eunice CLASS Senior COURSE Education

(IN FULL)

TERM: 2ndYEAR: 1926—1926

IMPORTANT: Space on reverse side of this card for name and address must be filled in by student in order to receive term report.

SIGNED:

DEAN

DATE: 7/26, '26

See other side

2. STUDENT'S REPORT

SUBJECT	NO.	DESCRIPTION	* CL.	UNITS PER TERM	HRS.	GRADE
Bot	1T	General Botany	SE	1 1/2	4	D
Fr.	4T	Adv. Read. and. Gram.	R	1	2	D
Fr.	5T	Adv. Composition	R	1/2	1	D-
Ec.	3T	Econ. Problems	R	1	2	D

UNIVERSITY OF PENNSYLVANIA—THE SCHOOL OF EDUCATION

NAME Kaplan Ida Euvlice
(IN FULL)CLASS Senior COURSE Ed.TERM: 2ndYEAR: 1926—1927

IMPORTANT: Space on reverse side of this card for name and address must be filled in by student in order to receive term report.

SIGNED

J. St. Minnick

DEAN

DATE:

See other side

2. STUDENT'S REPORT

SUBJECT	NO.	DESCRIPTION	* CL.	UNITS PER TERM	HRS.	GRADE
200	1T	Prin. Animal Life	Reg	1/2	4	D
Anthr	14T	Anthr. Negro	"	1	2	D-

UNIVERSITY OF PENNSYLVANIA—THE SCHOOL OF EDUCATION

NAME Ida E. Kaplan
(IN FULL)CLASS Ed. COURSE

TERM:

YEAR: 192—192

IMPORTANT: Space on reverse side of this card for name and address must be filled in by student in order to receive term report.

SIGNED

J. St. Minnick

DEAN

DATE:

See other side

2. STUDENT'S REPORT

SUBJECT	NO.	DESCRIPTION	* CL.	UNITS PER TERM	HRS.	GRADE
200	1T	General Zoology	P.S.	1/2	4	G+
Anthr	14T	Anthropology of Negro R.S.		1	2	D
				2 1/2		

UNIVERSITY OF PENNSYLVANIA—THE SCHOOL OF EDUCATION CNAME Kaplan Ida Eunice (IN FULL) CLASS Senior COURSE EducationTERM: 1st SUBJECT NO. DESCRIPTION * CL. UNITS PER TERM HRS. GRADE
YEAR: 1927 - 1928 Chem 11 Gen. Inorg. Chemistry 1 1/2 4 G

IMPORTANT: Space on reverse side of this card for name and address must be filled in by student in order to receive term report.

SIGNED

J. St. Mennick
DEANDATE: MAR 30 1928

See other side

2. STUDENT'S REPORT

UNIVERSITY OF PENNSYLVANIA—THE SCHOOL OF EDUCATION ✓NAME Ida Eunice Kaplan (IN FULL) CLASS Senior COURSE EducationTERM: 2nd SUBJECT NO. DESCRIPTION * CL. UNITS PER TERM HRS. GRADE
YEAR: 1927 - 1928 Chem 11 Gen. Inorganic Chemistry 1 1/2 4 G

IMPORTANT: Space on reverse side of this card for name and address must be filled in by student in order to receive term report.

SIGNED

J. St. Mennick
DEANDATE: JUL - 3 1928

See other side

2. STUDENT'S REPORT

SCHOOL DISTRICT OF PHILADELPHIA
THE BOARD OF PUBLIC EDUCATION
PARKWAY AT TWENTY-FIRST STREET

May 5, 1951

TO Mrs. Ida K. Langman
Division of Visual Education

I am pleased to advise you that in accordance with the provisions of the School Code of Pennsylvania, Section 1201, your service as a Temporary Professional Employee has been reported as satisfactory for the half-year period ended April, 1951.

Louis P. Hager

.....
SUPERINTENDENT OF SCHOOLS

FOLIO NO. 5318

SUGGESTED DATE OF NEXT EXAMINATION

DATE OF THIS EXAMINATION

OFFICE RECORD—DO NOT WRITE ON THIS PAGE

THE BOARD OF PUBLIC EDUCATION
SCHOOL DISTRICT OF PHILADELPHIA

DIVISION OF MEDICAL INSPECTION OF PUBLIC SCHOOLS

PERIODIC HEALTH EXAMINATION
OF EMPLOYES

1929

ALL RECORDS CONFIDENTIAL

(This page only to be filled out by the school employe and handed to examining physician. To insure legibility, write plainly)

Present Occupation (Indicate by x) Principal Teacher <input checked="" type="checkbox"/>	Service with Board of Education Years 7	Marital Status (Ind. by x) Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	Race (Ind. by x) White <input checked="" type="checkbox"/> Colored <input type="checkbox"/>	Sex (Ind. by x) Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Date of Birth Day 2 Month 7 Year '04	Age Last Birthday 25 Years	Place of Birth City <i>Original</i> State <i>Virginia</i> Country <i>Russia</i>
---	--	---	---	--	---	-------------------------------	--

1. Is your appetite Good, Indifferent or Poor? *Good* (Specify)

2. Do you eat Slowly, Rapidly or in an Intermediate Way? *Rapidly* (Specify)

3. Do you have distress after eating? *No* Yes or No. If so, describe: _____

4. State whether you eat sparingly (S), moderately (M), or freely (F) of the following foodstuffs. Use symbols (S), (M), or (F).

Lean Meats <i>S</i>	Bread <i>F</i>	Raw fruits and tomatoes <i>F</i>	Other vegetables <i>F</i>	Sweet milk <i>F</i>
Fatty Meats <i>S</i>	Cereals <i>F</i>	Cooked fruits and tomatoes <i>F</i>	Green leaves <i>F</i>	Cocoa <i>M</i>
Fish <i>M</i>	Potatoes <i>M</i>	Pies, cakes and pastries <i>M</i>	Spinach, salads <i>F</i>	Butter <i>F</i>
Eggs <i>M</i>	Rice <i>M</i>	Sugar or sweets <i>M</i>	Salt <i>M</i>	Cheese <i>F</i>
			Pepper, spices <i>S</i>	Buttermilk <i>M</i>

5. Cups daily of Coffee *1*, Tea _____, Other beverage _____ (Specify)

6. Glasses of water daily *4*

7. Tobacco daily Cigarettes _____, Cigars _____, Pipefuls _____, Chewing tobacco _____

8. Past habit in the use of alcoholic beverages (Indicate by x) None _____, Light _____, Medium _____, Heavy _____

9. Average number of hours sleep nightly? *7*

10. Do you sleep in well ventilated bedroom with windows open? *Yes* Yes or No

11. Do you awaken refreshed? *Yes* Yes or No

12. Is there anything in your work or environment likely to adversely influence your health? *No* Yes or No. If so, describe: _____

13. Do you get any physical exercise other than that secured in the course of your school work? (This refers to exercise for its own sake or to outdoor work.) *Yes* Yes or No. If so, please specify nature and amount: *Hiking, Swimming, Skating, Tennis*

14. Do you get sufficient recreation? (This refers to games, hobbies, pleasures, variety in life, diversity of interests to relieve monotony.) *Yes* Yes or No. If so, describe: *Theater, Concerts, Museum Study, Reading, Photography*

15. Are you nervous or apprehensive about your health? *No* Yes or No. If so, why? _____

16. Are you easily irritated, annoyed or otherwise nervous? *No* Yes or No. Do you have any particular worries? *No* Yes or No. If so, describe: _____ (Domestic, Financial, Health, Professional, Social, Unnecessary)

17. Have you gained or lost much weight in past two years? *No* Yes or No. Pounds gained _____, Pounds lost _____. Maximum weight since reaching adulthood *128* Pounds

18. Do you use eyeglasses? *No* Yes or No. If so, how long? _____ years. How long have you worn present pair? _____ years. Prescribed by a physician? _____ Yes or No. After use of drops? _____ Yes or No. Prescribed for constant use? _____ Reading only? _____ Are they satisfactory? _____ Yes or No

19. Do you suffer from headaches? *Yes* Yes or No. Front , Side , Top , Back , Entire head . Mild , Frequent , Severe , Infrequent . Associated with (Riding in cars or other conveyance? , Use of eyes? , Constipation? , Menstruation?)

20. Do you use patent medicines (including headache powders) for any condition? *No* Yes or No. What is taken? _____ For what condition? _____

21. A. Do you have a good bowel movement daily? *Yes*
 B. Do you use laxatives or enemas frequently? If so, explain. *No*
 C. Do you suffer from hemorrhoids (piles) or rectal pain? If so, describe. *No*
 D. Do you arise at night to empty bladder? If so, give number of times. *No*

22. Have you ever had a surgical operation? *No* Yes or No. Date _____, Nature of operation _____, Were you benefited? _____

23. Did you suffer from any severe illness or injury in childhood? *Yes* Yes or No. Illness or injury *Scarlet fever, Diphtheria*. If so, specify. Any resultant impairment of health _____

24. Do you now suffer or have you ever suffered from any of the following troubles? (Write Yes or No)

a. Frequent coughs or colds <i>No</i>	h. Backache <i>No</i>	n. Swelling of feet <i>No</i>	u. Pains in legs <i>No</i>
b. Attacks of tonsilitis <i>No</i>	i. Rheumatism of joints <i>No</i>	o. Vertigo or dizziness <i>No</i>	v. Paralysis in any form <i>No</i>
c. Acid dyspepsia (sour stomach) <i>No</i>	j. Other forms of so-called rheumatism <i>No</i>	p. Spells of unconsciousness <i>No</i>	w. Menstrual disturbances <i>No</i>
d. Vomiting attacks <i>No</i>	k. Shortness of breath <i>No</i>	q. Nervous breakdown <i>No</i>	x. Frequent urination <i>No</i>
e. Rapid fatigue <i>No</i>	l. Palpitation of heart <i>No</i>	r. Discharging ear <i>No</i>	y. Difficult urination <i>No</i>
f. Spitting of blood <i>No</i>	m. Pain in region of heart <i>No</i>	s. Chronic skin disease <i>No</i>	Any other symptom, disease or injury
g. Severe abdominal pain <i>No</i>	t. Rupture <i>No</i>		

25. If answer to any one of the above questions is Yes, please give details in this space.

26. Is your health now in any way impaired? *No* Yes or No. If so, describe: _____

27. State any other matter on which the examining physician should be informed or any question you may wish to ask regarding your health.

28. Have you a regular attending physician? *No* Yes or No. If so, when did you last consult him? _____ For what ailment? _____

29. Have you been protected by vaccination or inoculation against: Smallpox *Yes*, Diphtheria _____, Typhoid and Para-Typhoid _____, Other Disease _____

30. Did you receive pamphlet "Your Health" which should accompany this blank? *Yes* Yes or No. Is there anything in your desire further explained? _____

* In persons of middle age or older, the use of drops is often properly omitted.

31. PHYSIQUE	Height.....in. Ave. Wt.....lb. weight.....lb.	Cir. of chest at: inspir.....expir.....in.	Temp.°F Hour taken..... A. M. P. M.
32. EYES	VISION: Right (/ /), Left (/ /). Eyeglasses?.....correcting vision to: Right (/ /), Left (/ /). Consider symptoms of eye strain (frequent frontal headaches, tiring of eyes after use, frequent car sickness, congestion of lids and conjunctivæ). Other indications of eye disease.		
33. EARS	HEARING: Right (/10), Left (/10), using whispered voice (normally audible at 10 feet). Consider condition of auditory canal by inspection and symptoms possibly referable to ears and sense of hearing.		
34. NOSE AND THROAT	Consider nasal obstruction, chronic catarrh, susceptibility to colds, headaches or local tenderness indicating possible sinus trouble. Consider size, surface appearance, particularly inflammatory color of tonsils and pillars, surface pitting, history of frequent sore throat, enlarged cervical lymphatics. Consider neck scars suggesting old tuberculous infection.		
35. TEETH AND MOUTH	Consider caries of crowns and roots as well as can be determined. Consider tartar accumulation, pyorrhea, gingivitis, ulcers, etc.		
36. THYROID GLAND	Consider goiter, tachycardia, exophthalmos, tremor, excessive perspiration, increased temperature and nervousness.		
37. HEART	PULSE RATE () BLOOD PRESSURE: Systolic.....mm. Diastolic.....mm. Consider regularity of pulse. Consider size, location and valvular sounds of heart. Consider effect of moderate test exercise (10 hops on right foot and then 10 hops on left foot) on pulse and respiration. Consider thickening and hardening of blood vessels.		
38. LUNGS	Consider chronic cough, expectoration and physical signs.		
39. POSTURE	Consider stoop shoulders, relaxed abdominal muscles, scoliosis and generally relaxed posture; note whether caused by general debility, occupation or secondary to other orthopedic defect.		
40. EXTREMITIES	Consider flat feet, everted feet, deformed toes, bunions, fit of shoes, enlarged finger joints, tophi, etc.; varicose veins and edema of lower extremities.		
41. NERVOUS SYSTEM	Consider neurasthenia as evidenced by rapid or excessive fatigue, hypersensitivity or lack of emotional control. Consider other functional nervous diseases. Consider organic nervous disease, noting knee and other reflexes, partial paralyses, station, gait and pupillary reflexes. Consider mental health.		
42. DIGESTIVE SYSTEM	Consider indigestion, constipation, gastric and duodenal ulcer.		
43. GENITO- URINARY AND GYNECOLOGIC	Consider amount of urine and frequency of urination. Consider menstrual disturbances (specify pain, backache, headache, excessive or prolonged flow), abnormality of any pregnancy or childbirth.		
44. SKIN	Consider dryness, clamminess, eruptions, scars, etc.		
45. PERSONAL HYGIENE	FOOD: Consider (a) Proper diet (fresh vegetables, green leaves, fruits, sufficient foods requiring chewing); (b) improper diet (rich foods, excessive sugars or starches, excessive meats, excessive fats, tea and coffee); (c) habits of eating (proper time allowed for meals, proper chewing).		
	FRESH AIR: Consider time out of doors, fresh air at home, ventilation of place of employment.		
	PHYSICAL EXERCISE: Consider systematic exercise and exercise incidental to employment; also examinee's answer to item 13, page 2.		
46. NUTRITION	REST, RECREATION AND MENTAL HYGIENE: Consider amount and character of sleep, amount of recreation. Consider hurry, worry and overwork. Consider alcohol and tobacco. Consider examinee's answer to item 14, page 2.		
	Consider underweight, overweight, anemia, relaxed posture, firmness of tissues, complexion indicating toxemia (Consider table of heights and weights on page 4.)		
47. MISCEL- LANEOUS	Consider hernia, rectal conditions or anything else not specifically covered above.		
48. URINALYSIS	Color.....Reaction.....Specific Gravity.....Albumin.....Sugar..... Microscopic (Note abnormal findings only)		
49. DATE OF EXAMINATION.....19.....	PLACE OF EXAMINATION.....	

(SIGNATURE OF EXAMINER)

M. D.

UNIVERSITY OF PENNSYLVANIA

PHILADELPHIA

October 25, 1930.

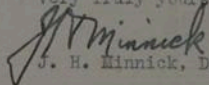
THE SCHOOL OF EDUCATION
OFFICE OF THE DEAN

The Board of Education,
City of Philadelphia,
17th and Pine Streets.

Dear Sirs:

This is to certify that Mrs. Ida K. Langman graduated from the School of Education of the University of Pennsylvania on June 18, 1930 at which time the degree of Bachelor of Science was conferred upon her.

Very Truly yours,


J. H. Minnick, Dean.

Commonwealth of Pennsylvania



DEPARTMENT OF PUBLIC INSTRUCTION

HARRISBURG

June 3, 1927

Miss Ida E. Kaplan
3006 W. Berks Street
Philadelphia, Pennsylvania

My dear Miss Kaplan:

In reply to your letter of May 31, we are returning herewith your Permanent Standard Certificate which we have validated to teach French, Biological Science, and Social Studies.

This is a valid license on which to teach the above mentioned subjects in either the junior or senior high schools.

Very sincerely yours,

A handwritten signature in cursive script that reads "J. K. Bowman".

J. K. Bowman
Assistant Director
Teacher Bureau

SHF
Enc. 1

THE BOARD OF PUBLIC EDUCATION
DEPARTMENT OF SUPERINTENDENCE
DIVISION OF EXAMINATIONS
GRANT BUILDING, SEVENTEENTH AND PINE STREETS
PHILADELPHIA

BOARD OF EXAMINERS:

EDWIN C. BROOME
SUPERINTENDENT OF SCHOOLS, CHAIRMAN
JOHN CHRISTOPHER
DIRECTOR
JOHN T. BRACKIN
ASSISTANT DIRECTOR

June 14, 1927.

Miss Ida E. Kaplan
3006 W. Berks Street
Philadelphia, Pa.

My dear Miss Kaplan,

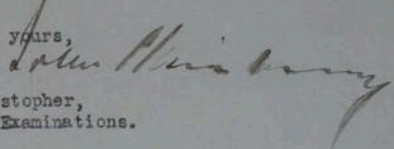
I am in receipt of the following letter from the Teacher Bureau: "Miss Ida E. Kaplan's Normal Equivalent Diploma permits her to teach only Biological Science in any junior or senior high school. It is not a valid license on which to teach General Science.

On the completion of six semester hours of approved training in Physical Science, Miss Kaplan's diploma may be validated for General Science.

In order to be granted a Partial Certificate to teach General Science, it will be necessary for her to complete three semester hours in Physical Science."

I would suggest, therefore, that you take immediate steps to meet at least the requirements for the Partial Certificate.

Very truly yours,


John Christopher,
Director of Examinations.

MP

I should like very much to follow
your suggestions as to taking work
immediately in Physical Science (I suppose
you mean at summer school). Unfortunately
however I have signed a contract as
head of the nature lab dept at Blue
Mt Camp for girls, and consequently
all my necessary college work will have
to be taken in the fall.

I infer from your letter that
even if my examination result is
high enough to put me in line for
an appointment I will be unable to get
one until I have a Part II Certificate.

If I feel that since your department was
"only too glad to admit me to the exam."
under conditions which deputedly bar me
from receiving an appointment I should
like at least the satisfaction of knowing
the result of my examination.

THE BOARD OF PUBLIC EDUCATION
DEPARTMENT OF SUPERINTENDENCE
DIVISION OF EXAMINATIONS
GRANT BUILDING, SEVENTEENTH AND PINE STREETS
PHILADELPHIA

EDWIN C. BROOME
SUPERINTENDENT OF SCHOOLS
JOHN CHRISTOPHER
DIRECTOR
JOHN T. BRACKIN
ASSISTANT DIRECTOR

March 19, 1929

Mrs. Ida K. Langman
7319 Briar Road
Philadelphia, Pa.

My dear Mrs. Langman,

Your letter of March 17 has been received. The following are the ratings you received in the examination for position as teacher, Commercial Museum, held February 21, 1929:

Service rating	$85.5 \times 3 =$	256.5
Subject paper	$76.8 \times 4 =$	307.2
Oral	$85.0 \times 3 =$	<u>255.0</u>

Average 81.87

Very truly yours,

John T. Brackin
John T. Brackin,
Assistant Director.

E.

⁴ Loaves ✓
 Salmon - 1 can.
 Cream cheese - 2
~~pepper~~ ^{mayonnaise}
 salad dressing
 peanut butter
 remonto cheese

 1/2 lbs
 1/2 lbs
 olives

Laundry - Mar 24

~~1 shirt~~
~~blouse 11~~
~~shirt - 11~~
~~pyjamas 1 1/2~~
~~trousers 2~~
~~pillowcase 2~~
~~sewn suit - 1~~

~~2 blouses~~
~~1 shirt~~
~~2 socks~~
~~2 blouses~~
~~2 blouses~~
~~1 shirt~~
~~1 shirt~~ 2

COMMONWEALTH OF PENNSYLVANIA



DEPARTMENT OF PUBLIC INSTRUCTION
HARRISBURG

January 30, 1931

Mrs. Ida Kaplan Langman
3118 Fountain Street
Philadelphia, Pennsylvania

My dear Mrs. Langman:

This is to inform you of the issue to you of a Provisional College Certificate to teach English, French, Biological Science, Social Studies and Geography.

This certificate may be made permanent upon evidence of the completion of -

- (1) 3 years of teaching in the appropriate field with a teaching rating on the State Teacher's Rating Score Card of "middle" or better. If the teaching rating is "low" the certificate will not be made permanent but may be renewed once,

and

- (2) 6 semester hours of additional approved training, distributed as follows:
 - (a) 3 semester hours of professional education,
 - (b) 3 semester hours of professional education, or work related to the subjects written upon the certificate.

Your certificate will reach you within a few days.

S

Very truly yours, . . .

Henry Klonower
Henry Klonower,
Director, The Teacher Bureau

F-23

UNIVERSITY OF PENNSYLVANIA

PHILADELPHIA

4

THE COLLEGE

Botanical Laboratory
38th and Woodland Ave.

December 9
1 9 4 6

Mrs. Ida K. Langman
2316 Delancey Street
Philadelphia, Pa.

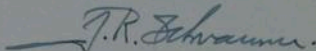
Dear Mrs. Langman:

It is the policy of the Department to appoint an examining committee for candidates coming up for their Master's degree. Since you are expecting to come up in February, we are appointing at this time the following Committee:

Dr. Fogg, Chairman
Dr. Pennell
Dr. Steckbeck
Dr. Zirkle

The date of examination will be set later, probably the end of January.

Sincerely yours,



J. R. Schramm

JRS/w

c.c.'s to Members of Committee

The Academy of Natural Sciences
of Philadelphia

Founded 1812

has received from

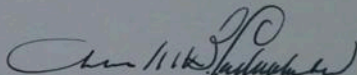
IDA K. LANGMAN

HERNANDEZ, HISTORIA DE LAS PLANTAS

DE NUEVA ESPAÑA

VOLUMES 1-2

and gratefully acknowledges this
contribution to its collections



President

Philadelphia July 1, 19 47

UNIVERSITY OF PENNSYLVANIA
PHILADELPHIA

GRADUATE SCHOOL OF ARTS AND SCIENCES

May 10, 1946

Dr. J. R. Schramm
Botany Bldg.

Dear Dr. Schramm:

I am writing to inform you that the Executive Committee, at a meeting held on May 9, approved your request that Mrs. Ida K. Langman be granted an extension to June 1947 to complete the requirements for the Master's degree.

Sincerely yours,

(Signed) Edwin B. Williams

EBW:ALK

c/c to Mrs. Langman

EXAMINATION RESULTS

TITLE: _____ DATE 1/30, 19 70

IN THE EXAMINATION LISTED ABOVE YOU OBTAINED A FINAL RATING OF 92.34
THEREFORE, YOUR NAME HAS BEEN PLACED UPON THE LIST OF ELIGIBLES

EFFECTIVE DATE 1/29/70 EXPIRATION DATE 4/29/71

THIS SCORE WILL BE MERGED IN SCORE ORDER INTO ANY EXISTING ELIGIBLE LIST

OR

YOUR RANK ON THIS ELIGIBLE LIST IS 1

WE ARE SORRY TO INFORM YOU THAT YOUR SCORE WAS NOT SUFFICIENTLY HIGH

IN THE FOLLOWING PART OF THE EXAMINATION WRITTEN ORAL

PERFORMANCE STENO TYPING FINAL

SCHOOL DISTRICT OF PHILADELPHIA OFFICE OF PERSONNEL

EXAMINATION TITLE Biology
ADMISSION NUMBER 214
DATE January 27, 1970

NAME IDA K. LANGMAN
STREET ADDRESS 245 HARVEY ST
CITY, STATE, AND ZIP CODE Phila. Penna. 19144

FORM X 7—NOTICE OF EXAMINATION RESULTS—SCHOOL DISTRICT OF PHILADELPHIA (MAR. 1968)

(OVER)

National Teacher Examinations—Report of Scores

CANDIDATE'S COPY

Full titles of the COMMON EXAMINATIONS and descriptions of the various scores may be found on the reverse side.

*** CODES FOR TEACHING AREA EXAMINATIONS**

01 Education in the Elementary School	05 Industrial Arts Education	08 Social Studies
02 Early Childhood Education	06 Mathematics	09 Physical Education
03 Biology and General Science	07 Chemistry, Physics, and General Science	10 Business Education
04 English Language and Literature		11 Music Education
		12 Home Economics Education
		13 Art Education
		14 Man's Physical Education
		15 Women's Physical Education
		30 Reading Specialist-Elementary School

Other Teaching Area Exam Codes designate special tests not offered in the regular NTE program.

REGISTRATION NUMBER	COMMON EXAMINATIONS								
623637	73	285	81	80	78	484	769		
TEST DATE	Part Score	Weighted Score	Writing Test	S.S., L.A., & P.E.	Science & Health	Weighted Subtotal	Weighted Common Exam. Total		
JUL 69	General Education Tests								
	7	7	7	8	8	8	7		
							03	760	1529
							Code #	Score	COMPOSITE NTE SCORE
							TEACHING AREA EXAM.		
							ADVISORY PART SCORES		

IDA K LANGMAN

248 HARVEY ST

PHILADELPHIA PA 19144

National Teacher Examinations

PLEASE USE THE REVERSE SIDE OF THIS FORM IF YOU NOW WISH YOUR SCORES SENT TO INSTITUTIONS NOT LISTED ON YOUR REGISTRATION FORM.

Your test scores have been reported to the institutions listed below. If the entries are not in agreement with those requested on your Registration Form, please check the box to the left of the incorrect entry, enter the correct name here and return this form to National Teacher Examinations, Educational Testing Service, Box 911, Princeton, New Jersey 08540.

College or School System

Location

CANDIDATE'S NAME		COLLEGE or SCHOOL SYSTEM	
IDA K LANGMAN		PHILADELPHIA SCHOOLS PA	
REGISTRATION NO.	TEST DATE		
623637	JUL 69		
ETS USE ONLY	* NOTE: A score report will be sent to the institution you designated, although it was not listed in the Bulletin. Do not correct this entry.		
L ANGIK 20207			

DETACH HERE

THE NATIONAL TEACHER EXAMINATIONS

Supplement to Score Interpretation Leaflet

QB (2)

Teaching Area Examinations

Norms for Men's Physical Education and Women's Physical Education are based on college seniors taking the NTE for the first time.

Norms for Reading Specialist-Elementary School are based on candidates who reported they had completed one or more graduate courses in the teaching of reading.

Percentile Rank	Men's Physical Education			Women's Physical Education			Reading Specialist-Elementary School		
	WCET ^a	TAE ^b	COMP. ^c	WCET ^a	TAE ^b	COMP. ^c	WCET ^a	TAE ^b	COMP. ^c
99	698	811	1483	710	823	1503	796	784	1586
95	661	767	1415	679	781	1445	737	771	1481
90	642	735	1357	656	763	1410	711	746	1437
85	628	713	1321	644	749	1384	689	732	1410
80	606	698	1287	633	737	1362	683	720	1388
75	589	687	1274	621	726	1339	675	705	1371
70	577	676	1258	612	714	1326	654	694	1354
60	561	645	1209	594	690	1279	628	671	1309
50	546	632	1179	575	673	1247	612	645	1255
40	517	612	1136	557	638	1201	589	621	1219
30	494	590	1091	533	624	1162	566	596	1139
25	483	576	1063	520	610	1140	554	565	1122
20	476	564	1039	511	596	1103	520	541	1083
15	466	549	1010	495	579	1088	506	519	1037
10	445	531	997	476	560	1050	485	487	980
5	427	506	948	451	483	942	458	439	909
1	360	469	861	385	408	781	383	379	787
Number of Candidates	188	188	188	225	225	225	128	128	128

^aWCET = Weighted Common Examinations Total Score

^bTAE = Teaching Area Examination Score

^cCOMP. = NTE Composite Score

The National Teacher Examinations

Score Interpretation Leaflet for Candidates

(School and college officials should refer to the *Special Notice* on the next page.)

Enclosed is a report of your scores on the National Teacher Examinations that you took on the date printed on the report. Copies are also being sent to the school systems and colleges that you named to receive your scores. Educational Testing Service cannot furnish information about the regulations of individual school systems or colleges with respect to the NTE. Questions regarding qualifying or passing scores, or eligibility rules, can be answered only by the proper school and college authorities.

Scores on each of the tests in the Common Examinations range approximately from 30 to 90; on each of the Teaching Area Examinations from 300 to 900. Advisory Part Scores can range from 3 to 9. Practically all combined scores fall in the following ranges: Professional Education Subtotal, 117-351; General Education Subtotal, 183-549; Weighted Common Examinations Total 300-900; and Composite NTE, 600-1800. Scores outside these ranges occur very rarely.

An example of the method used to compute various combined scores (Subtotal, Total, and Composite Score) is given in the box (below).

Tables 1-4 in this leaflet permit you to determine in several ways how your scores rank you among groups of college seniors that have taken the NTE for the first time. If your exact score does not appear in a table, you can estimate your rank by finding the percentile rank for the listed score closest to yours. (You can make a more precise estimate if you are familiar with the process of interpolation, but such precision is rarely meaningful.)

Table 1 will tell you how your scores on the Common Examinations rank you in relation to a sample of 10,870 college seniors. If, for example, your Professional Education Test Score is 63, the corresponding percentile rank is 60. This means that you scored higher than approximately 60 percent of the norms group, and that about 40 percent of the group achieved scores equal to or higher than yours. (Similar interpretations can be made for other scores and their corresponding percentile ranks.)

As a further example, assume that you obtained a Weighted Common Examinations Total Score of 661. Table 1 shows that your score corresponds to

Sample Score Computation

Test	Score	x	Weight	=	Wtd. Score
Professional Education	51	x	3.9	=	198.9
Professional Education Subtotal (Rounded)	—		—		199
Written English Expression	52	x	1.1	=	57.2
Social Studies, Literature, and Fine Arts	48	x	2.5	=	120.0
Science and Mathematics	49	x	2.5	=	<u>122.5</u>
General Education Subtotal (Rounded)					300
Weighted Common Examinations Total Score (199 + 300)				=	499
Teaching Area Examination Score				=	530
Composite NTE Score (499 + 530)				=	1029

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THE SCHOOL DISTRICT OF PHILADELPHIA

TEACHER'S NOTIFICATION OF RATING BY PRINCIPAL

TEACHER'S NAME Ida Langman
RATING S FOR PERIOD ENDING June 30, 1970
PRINCIPAL'S SIGNATURE Santee C. Ruffin Jr.
DATE 5/22/70 SCHOOL GERMANTOWN HIGH DISTRICT 6

DIRECTIONS: PREPARE IN DUPLICATE FOR REGULARLY APPOINTED TEACHERS. (FOR SUBSTITUTE TEACHERS, USE FORM EH 33, RATING OF SUBSTITUTE TEACHER SERVICE.) FILE ONE AND GIVE ONE TO THE TEACHER.

FORM EH 35—TEACHER'S NOTIFICATION OF RATING BY PRINCIPAL—
SCHOOL DISTRICT OF PHILADELPHIA (SEPT. 1967)

Mrs. LangmanVI Biology 23/4/70 12:25 1:00

Teacher

Period--Subject

Date from to

1. First impression of entering classroom

Class came to order slowly.*

2. Brief description of lesson in progress.

Food chain relationships.

3. Teacher preparation; subject matter known? planned?

Well prepared.

4. Student response: degree and nature of student involvement; types of questions and answers.

Fair.

5. Student-teacher relationship and attitudes.

Good.

6. Classroom management: handling minor interruptions, handling of actual or potential discipline cases, lateness of students, cleanliness of room, distribution of material.

Good.

7. Constructive suggestions offered by department head. **

- (1) Duplicated study guides would cut down on the amount of verbal instruction required.
- (2) Charts, models, and other audio-visual aids are needed.
- (3) Some sort of laboratory work every week would be desirable.

8. Overall evaluation.

- * Mrs. Langman has made great progress in bringing the class under control in less than a month. The class under the former teacher was chaotic.
- ** The department head realizes that meeting these suggestions will take time and much work.

9. Discussed with teacher on 3/11/70

date

by

P. M. Duncan

Department Head

UNIVERSITY OF PENNSYLVANIA
PHILADELPHIA

4

THE GRADUATE SCHOOL OF
ARTS AND SCIENCES

Edwin B. Williams, *Dean*
Bennett Hall

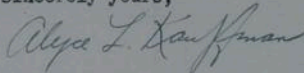
May 8, 1946

Mrs. Ida K. Langman
2316 Delancey Place
Phila., Pa.

Dear Mrs. Langman:

I am writing to inform you that you have been granted two semester credits toward your Master's degree in this Graduate School for the advanced work you completed in the School of Education of this University.

Sincerely yours,



For the Dean

K/

UNIVERSITY OF PENNSYLVANIA
PHILADELPHIA

GRADUATE SCHOOL OF ARTS AND SCIENCES

April 17, 1946

Dr. J. R. Schramm
Botany Bldg.

Dear Dr. Schramm:

At a meeting of the Executive Committee held in my office on April 15, I submitted your request regarding the case of Mrs. Ida K. Langman. The Committee unanimously voted to confirm its previous action, which was as follows: "that this student be asked to complete six semester credits in course; when these credits should have been secured, the case would be reopened."

Sincerely yours,

(Signed) Edwin D. Williams

EDW:ALK

c/c to Mrs. Langman

UNIVERSITY OF PENNSYLVANIA
PHILADELPHIA

THE GRADUATE SCHOOL OF
ARTS AND SCIENCES

Edwin B. Williams, *Dean*
Bennett Hall

March 11, 1946

Miss Ida K. Langman
2316 Delancey Place
Phila., Pa.

Dear Miss Langman:

I am writing to inform you that you have been granted six semester credits toward your Master's degree for the advanced work you completed at the Marine Biological Laboratory in the summer of 1944.

Sincerely yours,

Paul L. Hoffman

For the Dean

K/

Name Lampson
(Last)Ida
(First)Kaplan
(Middle)

ACHIEVEMENT RECORD

COURSE	DESCRIPTION	S. C. YEAR	S. S.	GRADE		S. C.
				TERM I	TERM II	
Ed. 525	Philadelphia Workshop	4	1945	B	A	4*

End of Transcript

This Certificate was placed
in the hands of the Student.Graduate School of Education
as of September, 1961*Approved as Ed. 656-Adult Education - 2 s.c.
Ed. 525-Workshop Elective - 2 s.c.

Grading System before July 1951

D - Disqualified	N - Not Passed
C - Good	F - Failed
P - Passed	I - Incomplete

Grading System after July 1951

A - Excellent	F - Not Passed
B - Very Good	F - Failed
C - Good	I - Incomplete
D - Passed	

M. J. [Signature]

Dean
Graduate School of Education
University of Pennsylvania
Philadelphia 6, Pennsylvania

AUG 11 1964

Date

LAST NAME *Langman* MRS. FIRST NAME AND INITIALS *Ida K.* GRADE, SUBJECT, OR POSITION *Biology* SCHOOL OR DIVISION *South Phila. Girls High*
 RESIDENCE *2316 Delaney Place, Phila 3 Pa* DATE OF APPLICATION *4/30* 194*8*
 (MAKE OUT IN DUPLICATE AND FORWARD BOTH COPIES TO THE ASSOCIATE SUPERINTENDENT IN CHARGE, AT LEAST ONE MONTH PRIOR TO DATE OF REQUESTED LEAVE)

TO THE SUPERINTENDENT OF SCHOOLS:

AFTER CAREFULLY READING THE DIRECTIONS ON OTHER SIDE OF THIS APPLICATION, I HEREBY MAKE APPLICATION FOR SABBATICAL LEAVE FOR ONE SCHOOL YEAR BEGINNING *September* 194*8*. MY PURPOSE IN ASKING FOR THIS LEAVE OF ABSENCE IS

- (A) RESTORATION OF HEALTH
 (B) STUDY
 (C) TRAVEL

CENTRAL OFFICE ENTRIES:
 DATE OF ORIGINAL APPOINTMENT *2.1.22* 19
Sept. 9. 1. 40 - 8. 21. 41 Steady work
 DATE OF LAST LONG LEAVE OF ABSENCE 19

(A) APPLICANTS FOR SABBATICAL LEAVE FOR RESTORATION TO HEALTH WILL INDICATE NATURE OF HEALTH DEFICIENCY:

(B) APPLICANTS FOR SABBATICAL LEAVE FOR STUDY WILL INDICATE INSTITUTIONS AND COURSES, AND NUMBER OF HOURS PER WEEK:

I will not be registered at any institution, but I will be working in libraries in the United States and Mexico, to complete a bibliography on ^{and} ~~the~~ flow

(C) APPLICANTS FOR SABBATICAL LEAVE FOR TRAVEL WILL INDICATE ITINERARY AND DATES:

I expect to be working in libraries in Chicago, Texas, New Orleans and California from September to November. Then I expect to be in Mexico the rest of the year.

I AGREE THAT IN CASE THE SABBATICAL LEAVE IS GRANTED I WILL NOT ENGAGE IN ANY REMUNERATIVE OCCUPATION, AND I WILL RETURN TO THE SERVICE OF THE PUBLIC SCHOOLS OF PHILADELPHIA AT THE EXPIRATION OF LEAVE, AND REMAIN IN SERVICE FOR A PERIOD OF AT LEAST ONE YEAR.

Ida K. Langman
 SIGNATURE OF APPLICANT

FORWARDED *4-30* 194*8* BY *Edwin Adams*
 PRINCIPAL OR DIRECTOR

APPROVED (A) 194 BY DIRECTOR OF DIVISION OF MEDICAL INSPECTION M.D.

APPROVED *JUN 8 1948* 194 BY THE BOARD OF PUBLIC EDUCATION
Edwin W. Adams
 SUPERINTENDENT OF SCHOOLS

READ CAREFULLY BEFORE MAKING APPLICATION

1. PERSONS SHALL BE CONSIDERED ELIGIBLE TO SABBATICAL LEAVE ONLY AFTER THE SATISFACTORY COMPLETION OF TEN YEARS OF SERVICE IN THE PUBLIC SCHOOLS OF THE STATE, AND THEREAFTER AT INTERVALS OF SEVEN YEARS. IN DETERMINING SATISFACTORY SERVICE REGULARITY OF ATTENDANCE AS WELL AS THE QUALITY OF THE SERVICE WILL BE TAKEN INTO ACCOUNT BY THE SUPERINTENDENT OF SCHOOLS IN MAKING HIS RECOMMENDATIONS TO THE BOARD OF PUBLIC EDUCATION.

2. SABBATICAL LEAVE MUST BE FOR A PERIOD OF A WHOLE SCHOOL YEAR OR A HALF SCHOOL YEAR. SUCH LEAVE MUST BEGIN ON SEPTEMBER 1 OR ON FEBRUARY 1, EXCEPT FOR EMPLOYEES DRAWING SALARY DURING JULY AND AUGUST, IN WHOSE CASE LEAVE MUST BEGIN ON AUGUST 1 OR ON FEBRUARY 1.

3. THE REASONS FOR WHICH SABBATICAL LEAVE MAY BE GRANTED ARE

- (A) RESTORATION OF HEALTH
- (B) STUDY
- (C) TRAVEL
- (D) 25 YEARS OF CONTINUOUS SERVICE

(A) IN CASES WHERE SABBATICAL LEAVE IS REQUESTED BECAUSE OF A HEALTH CONDITION, APPROVAL MUST BE SECURED FROM THE DIRECTOR OF THE DIVISION OF MEDICAL INSPECTION. ARRANGEMENTS FOR THE NECESSARY HEALTH EXAMINATION WILL BE MADE AFTER RECEIPT OF THE APPLICATION.

(B) IN CASES WHERE THE APPLICANT PLANS TO STUDY, THE NAMES OF THE INSTITUTIONS MUST BE INCLUDED IN THE APPLICATION, AND A RECORD FROM THOSE INSTITUTIONS MUST BE SUBMITTED AT THE END OF THE PERIOD OF LEAVE TO THE OFFICE OF THE ASSOCIATE SUPERINTENDENT IN CHARGE. A MINIMUM OF TEN SEMESTER HOURS MUST BE ROSTERED EACH HALF-YEAR.

(C) IN CASES WHERE THE LEAVE IS ASKED FOR THE PURPOSE OF TRAVEL, THE APPLICANT MUST SPECIFY HIS GENERAL PLANS FOR THE YEAR OR HALF YEAR, AND MUST SUBMIT A BRIEF REPORT AT THE END OF THE PERIOD OF LEAVE.

(D) IN CASES WHERE THE LEAVE IS ASKED ON THE BASIS OF TWENTY-FIVE YEARS OF SERVICE, SUCH SERVICE MUST HAVE BEEN CONTINUOUS, AND THE CANDIDATE MUST HAVE A SATISFACTORY RATING AT TIME OF APPLICATION.

4. APPLICATIONS FOR SABBATICAL LEAVE SHOULD BE SENT IN DUPLICATE TO THE OFFICE OF THE ASSOCIATE SUPERINTENDENT IN CHARGE AT LEAST ONE MONTH PRIOR TO THE CLOSE OF THE TERM PREVIOUS TO THAT FOR WHICH THE LEAVE IS REQUESTED.

5. EVERY APPLICANT FOR SABBATICAL LEAVE MUST SIGN THE AGREEMENT TO RETURN TO THE SERVICE OF THE PUBLIC SCHOOLS OF PHILADELPHIA AT THE EXPIRATION OF LEAVE, AND TO REMAIN IN SERVICE FOR A PERIOD OF AT LEAST ONE YEAR.

6. DURING THE PERIOD OF SABBATICAL LEAVE THE EMPLOYEE SHALL RECEIVE AS SALARY THE DIFFERENCE BETWEEN HIS SALARY AND THE AMOUNT REQUIRED TO PAY A SUBSTITUTE, PROVIDED THAT IN NO CASE SHALL THE ABSENTEE RECEIVE AN ANNUAL REMUNERATION IN EXCESS OF \$1600. THE ABSENTEE WILL NOT FORFEIT ANY OF HIS PRIVILEGES UNDER THE RETIREMENT LAW, NOR ANY SALARY INCREMENT TO WHICH HE WOULD BE ENTITLED IF IN CONTINUOUS SERVICE. THE NAME OF THE PERSON ON LEAVE WILL BE RETAINED ON THE SCHOOL OR OFFICE PAYROLL, AND THE ABSENTEE SHALL KEEP THE PERSON IN CHARGE (PRINCIPAL, DIRECTOR, OR OTHER OFFICIAL) ADVISED AS TO WHERE THE SEMI-MONTHLY CHECKS ARE TO BE FORWARDED.

7. DURING THE PERIOD OF SABBATICAL LEAVE THE ABSENTEE IS NOT TO ENGAGE IN A REMUNERATIVE OCCUPATION, AND A STATEMENT THAT THIS REQUIREMENT HAS BEEN FOLLOWED WILL BE REQUIRED AT THE CONCLUSION OF SUCH LEAVE.

8. RULE X, SEC. 14, STATES THAT "ANY MARRIED WOMAN EMPLOYED BY THE BOARD OF PUBLIC EDUCATION WHO SHALL HAVE ADVANCED FOUR MONTHS IN PREGNANCY SHALL ADVISE THE DEPARTMENT OF SUPERINTENDENCE OF THE FACT AND SHALL BE PLACED UPON LEAVE OF ABSENCE WITHOUT SALARY UNTIL THE CHILD SHALL HAVE REACHED THE AGE OF NINE MONTHS, UNLESS THE CHILD SHALL NOT SURVIVE THIS AGE, IN WHICH CASE THE DEATH OF THE CHILD SHALL BE CONSIDERED AS TERMINATING THE LEAVE OF ABSENCE AND THE TEACHER SHALL BE ELIGIBLE FOR REASSIGNMENT." THIS REGULATION APPLIES TO EMPLOYEES ON SABBATICAL LEAVE OF ABSENCE. SABBATICAL LEAVE TERMINATES IMMEDIATELY WHEN THESE CONDITIONS OBTAIN.

9. A PERSON ON SABBATICAL LEAVE WILL BE REASSIGNED TO THE POSITION HE WOULD HAVE OCCUPIED HAD HE NOT TAKEN SABBATICAL LEAVE.

ENTRIES BELOW TO BE MADE IN OFFICE OF SUPERINTENDENT OF SCHOOLS AT CLOSE OF SABBATICAL LEAVE OF ABSENCE

RETURNED TO DUTY 194

RECORD OF STUDY SUBMITTED 194

REPORT OF TRAVEL SUBMITTED 194

STATEMENT OF NON-ENGAGEMENT IN REMUNERATIVE
EMPLOYMENT DURING SABBATICAL LEAVE RECEIVED 194

REMARKS:



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC INSTRUCTION
PUBLIC SCHOOL EMPLOYEES' RETIREMENT BOARD
HARRISBURG

May 1, 1947

Mrs. Ida Kaplan Langman
2316 Delancey Place
Philadelphia 3, Pa.

My dear Mrs. Langman:

In compliance with your request of April 14 we enclose herewith statement of the amount contributed for your account in the Retirement Fund to the close of the 1945-46 school year and interest accrued thereon to June 30, 1946.

Your contributions to the Retirement Fund have been continuous since February, 1922.

Very truly yours,

Mary E. Peters
Administrative Assistant

MJD

Encl.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC INSTRUCTION
PUBLIC SCHOOL EMPLOYEES' RETIREMENT BOARD
HARRISBURG

May 2, 1947

Mrs. Ida Kapien Langhan
2316 Delancey Place
Philadelphia 3, Pa.

STATEMENT OF YOUR ACCOUNT TO JUNE 30, 1946

Register No.	83191	Membership dates from	February, 1922
Contribution Age	18 yrs.	Contribution Rate	3.69%
Total Contributions \$2263.31		
Interest 1195.22		
Total Amount to Member's Credit	. . . \$3460.53		

PIRB

SCHOOL DISTRICT OF PHILADELPHIA

OFFICE OF THE SECRETARY AND BUSINESS MANAGER
 PARKWAY AT 21st. STREET, PHILADELPHIA 3, PA.

STATEMENT OF AMOUNT TO YOUR CREDIT IN THE
 PENNSYLVANIA SCHOOL EMPLOYEES RETIREMENT FUND

I D A K L A N G M A N

3 6 1

DATE			CONTRIBUTIONS			APPROX. INTEREST			TOTAL		
6	3	048	2	5	5735	1	4	5277	4	0	1012

THIS UNOFFICIAL STATEMENT IS BASED ON INFORMATION CONTAINED IN THE OFFICE OF THE SECRETARY AND BUSINESS MANAGER OF THE SCHOOL DISTRICT OF PHILADELPHIA AND IS NOT BINDING ON THE PENNSYLVANIA SCHOOL EMPLOYEES RETIREMENT FUND.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC INSTRUCTION
PUBLIC SCHOOL EMPLOYEES' RETIREMENT BOARD
HARRISBURG

STATEMENT OF YOUR ACCOUNT TO JUNE 30, 1950

IDA K LANGMAN

REGISTER NO.	CONTRIBUTION AGE	CONTRIBUTION RATE
83191	46	6.22

51	1000	829	6 30 50	288379	182477	470856
COUNTY	DISTRICT	BLDG.	DATE	TOTAL CONTRIBUTIONS	INTEREST	GRAND TOTAL

UNIVERSITY OF PENNSYLVANIA
PHILADELPHIA

THE SCHOOL OF EDUCATION

Department of Education

September 7, 1945.

Miss Ida K. Langman
2316 Delancey Place
Philadelphia 3, Pennsylvania

Dear Miss Langman:

Dean Minnick and I, acting by authority delegated by the Personnel Committee, have agreed to admit you to the Graduate Division of the School of Education as a special student, receiving credit for the work which you do, but with the understanding that you are not working for a degree.

Very truly yours,

T. E. McMullin

T. E. McMullin, Secretary
Personnel Committee

TEM:kab
Enc.

UNIVERSITY OF PENNSYLVANIA

The School of Education

Graduate Division

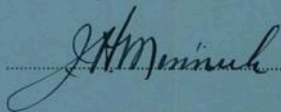
Date September 7, 1945.

Name Miss Ida K. Langman

Address 2316 Delancey Place, Philadelphia 3, Pennsylvania

This certifies that the above-named student has been admitted to the Graduate Division of the School of Education as an unclassified student. This certificate is valid ~~for term~~ while not working for a degree. ~~19xxxxxxxqxxxxxxxxx~~ The status of this student will be changed to *regular* upon the presentation of satisfactory evidence that he has met all the standards required of students working toward a graduate degree and upon approval of the Personnel Committee.

This certificate should be presented at the time of registration.

.....Dean

TEMPLE UNIVERSITY

PHILADELPHIA

OFFICE OF THE REGISTRAR

SCHOOL OR COLLEGE *Teachers-Graduate* COURSE ADMITTED RECORD OF *Ida Kaplan Langman*
 GRADUATED FROM LOCATION DATE HIGH SCHOOL RANK

COURSE	No.	SEM. ONE		SEM. TWO		COURSE	No.	SEM. ONE		SEM. TWO		ENGLISH	ALGEBRA	TYPING
		S.H.	GR.	S.H.	GR.			S.H.	GR.	S.H.	GR.	HISTORY	PLANE GEOM.	
<i>1944-45</i>												SOCIAL SCI	SOLID GEOM.	
<i>Ed. Soc. Asp. of Adult Ed. 1830</i>		2	A									PROB. OF DEM	TRIGONOMETRY	
<i>Ed. Meth. & Nat. of Adult Ed. 1040</i>				2	A							ECONOMICS	BIOLOGY	
												CIVICS	PHYSICS	
												GERMAN	CHEMISTRY	TOTAL
												LATIN	GEN. SCIENCE	
												FRENCH	BOOKKEEPING	
												SPANISH	SHORTHAND	

MEMORANDA

Ida Kaplan Langman
2316 Delancy St.
Phila 3, Pa.

KEY TO GRADES
 A - EXCELLENT
 B - GOOD
 C - FAIR
 D - PASSED
 W - INDICATES GRADE IS WITHHELD BECAUSE OF INCOMPLETE WORK
 CR - INDICATES PASSED BUT NO CREDIT TOWARD DEGREE
 FINE ARTS COURSES
 P - PASSED
 E - FAILURE

DEGREE

THIS IS AN EXACT DUPLICATE OF THE RECORD OF THE ABOVE STUDENT. IT BECOMES AN OFFICIAL TRANSCRIPT ONLY WHEN SEALED AND SIGNED.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC INSTRUCTION
HARRISBURG

June 5, 1942

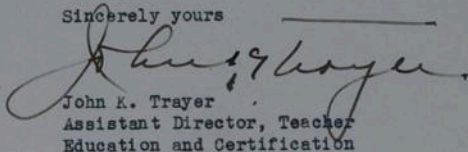
Mrs. Ida Kaplan Langman
2316 DeLancey Street
Philadelphia, Pennsylvania

Dear Mrs. Langman:

This is in reply to your letter received in this office June 1, 1942 and to advise you that certification to teach science includes the teaching of all high school sciences, for example, chemistry, physics, biology, (botany, zoology) and general science. College work in physics would not be necessary in order to teach chemistry.

Should you have any further questions we shall be pleased to hear from you.

Sincerely yours



John K. Trayer
Assistant Director, Teacher
Education and Certification

meg sr

SCHOOL DISTRICT OF PHILADELPHIA
THE BOARD OF PUBLIC EDUCATION
DEPARTMENT OF SUPERINTENDENCE

SUPPLEMENTARY TRAINING AND EXPERIENCE RECORD

To Members of the Department of Instruction

The superintendent's office has organized recently a system of personnel records for each member of the department of instruction. This record contains information concerning assignments, transfers, leaves of absence, certification, training, experience, and other similar data. In order that this record may also include additional information of a less formal character, pertaining to further academic achievements, community service, and other evidences of personal and professional growth, each person is invited to submit such facts as he may desire to have recorded upon his personnel record. These facts should be indicated on this form, which may then be mailed directly to the Personnel Records Office, Room 207, Administration Building. Opportunities for adding to this record will be offered from time to time.

Alexander J. Stoddard

November 15, 1941.

Superintendent of Schools.

LAST NAME	FIRST NAME	MIDDLE NAME	DATE SUBMITTED
<i>L. Segerson</i>	Mr. Mrs. <i>Ida</i> Miss	<i>Kaplan</i>	<i>November 24 1941</i>
Present Position <i>Teacher</i>	School or Administrative Office <i>South Philadelphia High - Girls</i>		

I TRAINING

(List only degrees or certificates secured since September, 1939)

INSTITUTION	DEGREE	DATE SECURED	MAJOR FIELD	MINOR FIELD

TITLE OF DOCTORATE THESIS (Give brief description of its scope and contribution)

II ACTIVITIES OTHER THAN REGULAR SERVICE

(Indicate type of activity, position held, brief scope of activity, etc.)

1. IN SCHOOL ACTIVITIES BEYOND REGULAR PROGRAM

Nature Hiking Club - sponsor - hike almost every week

SCHOOL DISTRICT OF PHILADELPHIA
Professional Employee's Contract

It is Agreed by and between Ida K. Langman, Professional Employee, and The Board of Public Education of the School District of Philadelphia, Pennsylvania, that said professional employe shall under the authority of the said board and its successors and subject to the supervision and authority of the properly authorized superintendent of schools or supervising principal teach in the said school district for a term of ten (10) months for an annual compensation of \$ 3200., payable monthly or semi-monthly during the school term or year less the contribution required by law to be paid to the Teachers' Retirement Fund and less other proper deductions for loss of time.

This contract is subject to the provisions of the act approved the eighteenth day of May one thousand nine hundred and eleven (Pamphlet Laws three hundred nine) entitled 'An act to establish a public school system in the Commonwealth of Pennsylvania together with the provisions by which it shall be administered and prescribing penalties for the violation thereof providing revenue to establish and maintain the same and the method of collecting such revenue and repealing all laws general special or local or any parts thereof that are or may be inconsistent therewith' and the amendments thereto.

And it is Further Agreed by the parties hereto that none of the provisions of this act may be waived either orally or in writing and that this contract shall continue in force year after year with the right of the Board of Public Education to increase the compensation over the compensation herein stated from time to time as may be provided under the provisions and proper operation of the established salary schedule if any for the school district subject to the provisions of law without invalidating any other provision of this contract unless terminated by the professional employe by written resignation presented sixty days before resignation becomes effective or by the Board of Public Education by official written notice presented to the professional employe. Provided That the said notice shall designate the cause for the termination and shall state that an opportunity to be heard shall be granted if the said professional employe within ten days after receipt of the termination notice presents a written request for such a hearing.

Executed in duplicate this eighth day of March, 1938.
by

THE BOARD OF PUBLIC EDUCATION
OF THE SCHOOL DISTRICT OF PHILADELPHIA

Marie E. Leeds.
President

Uel B Anderson
Secretary

Edwin G. Montague
Witness

Ida K. Langman
Professional Employee



University of Pennsylvania

THE GRADUATE SCHOOL

This is to Certify That during the years 1931-34

IDA KAPLAN LANGRAN

has pursued and received credit for the graduate courses named below:

SUBJECT	DESCRIPTION	SEMESTER CREDITS*		
		(Fall Term)	(Spring Term)	(Summer Term)
Botany	1931-32 Morphology & Taxonomy of Algae	4	xxx	xxx
Education	1932-33 Special Problems of High School Teaching	xxx	2	xxx
Botany	1933-34 Comparative Morphology of Pteridophyta	4	xxx	xxx
Botany	Comparative Taxonomy of Angiosperma	xxx	4	xxx
Zoology	Marine Invertebrate Zoology	Summer 1944		6
Education	Adult Education (Workshop)	" 1945		4
Botany	1945-46 Principles of Systematic Botany	2		
"	Problem work	2		
"	1946-47 Fundamentals of Systematics	2		

Masters Exam 2/1/47
Degree 2/15/47

Date 11/12/42



Ida Kaplan Langran
DEAN

*A semester credit represents one hour a week for a semester in lecture or recitation, or two hours a week for a semester of laboratory work.

This transcript was sent directly to the student.

COMMONWEALTH OF PENNSYLVANIA



31558

DEPARTMENT OF PUBLIC INSTRUCTION

COLLEGE CERTIFICATE

Know all men by these presents that IDA KAPLAN LANGMAN a graduate of University of Pennsylvania with the degree of B.S. in Ed. having filed with the Department of Public Instruction satisfactory evidence of the requisite qualifications, is hereby granted this Certificate and is authorized to teach for three years in any public high school of this Commonwealth the following branches: English, French, Biological Science, Social Studies, and Geography

In Testimony Whereof the Superintendent of Public Instruction has hereunto set the seal of the Department of Public Instruction and affixed his signature at Harrisburg this 30th day of January A. D. 19 31

Made Permanent --January 30-- 19 34

James M. Pule
Superintendent of Public Instruction

James M. Pule
Acting Superintendent of Public Instruction

IT IS SUGGESTED THAT THIS
CERTIFICATE BE FRAMED AND
HUNG IN THE TEACHER'S
CLASSROOM.

Commonwealth of Pennsylvania
DEPARTMENT OF PUBLIC INSTRUCTION
Harrisburg

“... No teacher shall teach in any public school in this Commonwealth, any branch which he has not been properly certificated to teach.”

School Code, Section 1301.

“Before entering upon the work of teaching, every holder of a certificate of any kind, shall present it for registration to the proper superintendent, who shall record its kind, number, and date of issue, together with the branches which it covers. Whenever new branches are added to any certificate, these shall be added to the record upon presentation of said certificate to the Superintendent.”

School Code, Section 1324.

REGISTRATION RECORD

COUNTY OR DISTRICT	SUPERINTENDENT	DATE REGISTERED
PHILADELPHIA	Calvin C. Broome S.E.K.	FEBRUARY 2, 1931

(NOT LEGAL UNTIL CERTIFICATE IS REGISTERED)

UNIVERSITY of PENNSYLVANIA
SCHOOL OF EDUCATION*

OFFICIAL TRANSCRIPT OF THE RECORD OF Mrs. Ida Kaplan Langman
GRADUATED WITH DEGREE OF B.S. in Education June 18 19 30
WITHDREW _____ AND IS ENTITLED TO AN HONORABLE DISMISSAL
PRESENT STATUS Graduated

ENTRANCE UNITS FROM South Phila. H.S.

English	4	History	3	Physics	1	Biology	1
Math. AC	2½	Latin	4	Chemistry	1	Drawing	½

COURSE NUMBER AND DESCRIPTION	GRADE	CREDIT	COURSE NUMBER AND DESCRIPTION	GRADE	CREDIT
923-24			Adv. Cr. Phila. Normal School, 1/12/24	-	4
Hist. 3T-Medieval History to 1300	G	2	Eng. 1T-Composition	-	2
Hist. 13T-History of France, 1200-1500	G	2	Eng. 40-History of English Literature	-	2
Psy. 2abT-Mind & Body	P	2	Eng. 3T-Composition	-	2
Fr. 1T-Elementary French	D	4	History Free	-	6
1924-25			Biology Free	-	2
Fr. 2T-Intermediate French	D, D	6	Ed. 55-Introduction to Education	-	2
Psy. 3T-Genetic Psychology	G	2	Soc. 9-Social & Economic Development	-	2
Psy. 4T-Behavior	G	2	Psy. 1a-General Psychology	-	2
Psy. 11T-Child Psychology A	P	1	Ed. 10-History of Educational Practices	-	4
Psy. 12T-Child Psychology B	P	1	Ed. 7-General Educational Principles	-	2
Ed. 43-Principles of Secondary Education	G, G	4	Ed. 20-Elements of School Administration	-	2
Psy. 1cT-General Psychology	P	1	Ed. 51-Observation	-	4
Psy. 2cT-Mind & Body	G	1	Education Free	-	10
Fr. 4T-Advanced Reading	G, D	4	Geography	-	6
Fr. 5T-Advanced Composition	D, D	2	Hyg. 5 (in excess)-Personal Hygiene	-	3
Bot. 1-General Botany	G, D	6	Math. 5-College Algebra	-	3
Soc. 3aT-Criminology	G	2	Psychology Free	-	4
Ec. 3T-Economic Problems	D	2	Fr. 1T-Elementary French	-	4
1926-27			END OF TRANSCRIPT		
Zool. 1T-Principles of Animal Life	G, D	6			
Anth. 14T-Anthropology of the Negro	D, D	4			
1927-28					
Chem. 1T-General Inorganic Chemistry	G, G	6			
1928-29					
Bot. 23T-Forest Botany	G, G	6			
1929-30					
Bot. 8T-Plants, Climate & People	D, D	6			
Adv. Cr. U. of P. Extension School, 1922-23					
Eng. 30-History of the English Language	G	2	This Certificate was placed in the hands of the Student.		
Eng. 42-The English Novel	G	2			
Credit for Experience, 5/15/30	-	4			
Ed. 52-Practice Teaching					

Grading System before July 1932
D-Distinguished N-Not Passed
G-Good F-Failed
P-Passed I-Incomplete

Grading System after July 1932
A-Excellent E-Not Passed
B-Very Good F-Failed
C-Good I-Incomplete
D-Passed

Explanatory Note: A semester credit is equivalent to one hour a week for a term in lecture or recitation, or two hours a week for a term in laboratory work.

M. J. Tule

Assistant to Dean of School of Education

MAR 10 1965

DATE _____

* Undergraduate program discontinued as of July, 1961.
School of Education now the Graduate School of Education.

MARKING SYSTEM

A, B, C, D, - Passing Grades
 E - Condition (*E - Overcut)
 F - Failure

G - Good
 D - Distinguished
 P - Passing

NAME:
 SCHOOL:

Langman
 Sea

SCHOLASTIC RECORD

(This information may be obtained from the Dean's Office. If you have transferred from another School indicate the name of the School after the year; e.g., FRESHMAN YEAR - University of Wisconsin.)

FRESHMAN YEAR -

Subject	1923-24	Catalogue No.	Catalogue Title of Course	Grade	s.c.
✓	History	3T	Medieval History to 1300	G	2 ✓
✓	History	13T	Hist. of France, 1220-1500.	G	2 ✓
✓	Psychology	2aT&bT	Mind and Body.	P	2 ✓
✓	French	1T	Elementary French	D	4 ✓
✓	1924-25	Psy. 2cT	Mind and Body.	G	1 ✓
✓	French	2T	Intermediate French.	D, D	6 ✓
✓	Psychology	3T	Genetic Psychology.	G	2 ✓
✓	Psychology	11T	Child Psychology A.	P	1 ✓
✓	Psychology	12T	Child Psychology B.	P	1 ✓
✓	Education 43.	43	Principles of Secondary Ed.	G, G	4 ✓
✓	Psychology	2cT	Mind and Body.	G	1 ✓
✓	1925-26	Psy. 4T	Behavior.	G	2 ✓
✓	French	4T	Advanced Reading.	G, D	4 ✓
✓	French	5T	Advanced Composition.	D, D	2 ✓
✓	Botany	1T	General Botany.	C, D	6 ✓
✓	Sociology	3aT	Criminology.	G	2 ✓
✓	Economics	3T	Economic Problems.	D	2 ✓
✓	1926-27				
✓	Zoology	1T	Principles of Animal Life.	G, D	6 ✓
✓	Anthropology	14T	Anthropology of the Negro.	D, D	4 ✓
✓	1927-28				
✓	Chemistry 1T	1T	General Inorganic Chemistry.	G	6 ✓

SOPHOMORE YEAR -

Subject	1928-29	Catalogue No.	Catalogue Title of Course	Grade	s.c.
✓	Botany	23T	Forest Botany.	G, G	6 ✓
✓	1929-30				
✓	Botany 8T-Plants, Climate and People.			D, D	6 ✓
✓	Adv. Cr., Philadelphia Normal School				
✓	English	1T	Composition.	-	4 ✓
✓	English	40	Hist. of English Literature.	-	2 ✓
✓	History	Free	-----	-	2 ✓
✓	Biology	Free	-----	-	6 ✓
✓	Education	55	Intro. to Education.	-	2 ✓
✓	Soc. 9	9	Social and Economic Development.	-	2 ✓
✓	Psychology 1a	1a	General Psychology.	-	2 ✓
✓	Education	10	History of Educational Practices.	-	4 ✓
✓	Education 7	7	General Educational Principles.	-	2 ✓
✓	Education	20	Elements of School Administration.	-	2 ✓
✓	Education	51	Observation.	-	4 ✓
✓	Education	Free	-----	-	10 ✓
✓	Geography	Free	-----	-	6 ✓
✓	Hygiene	5	Personal Hygiene (in excess).	-	3 ✓
✓	Mathematics	5	College Algebra.	-	3 ✓
✓	Psychology	Free	-----	-	4 ✓
✓	French	1T	Elementary French.	-	4 ✓
✓	English	3T	Composition.	-	2 ✓

COMMONWEALTH OF PENNSYLVANIA



6233

DEPARTMENT OF
PUBLIC INSTRUCTION

STANDARD CERTIFICATE
NORMAL EQUIVALENT

Know all men by these presents that IDA E. KAPLAN
having filed with the Department of Public Instruction satisfactory evidence of the requisite qualifications, is hereby granted this certificate to teach the subjects prescribed for the curriculum of the elementary school
To teach in any high school French, Biological Science, and Social Studies (Added June 3, 1927)-
General Science in the Junior High School (Added September 17, 1928)-

In Testimony Whereof *the Superintendent of Public Instruction has hereunto set the seal of the Department of Public Instruction and affixed his signature at Harrisburg this* 27th *day of* June 1923

Made Permanent June 27 1923

George Beck
Superintendent of Public Instruction

George Beck
Superintendent of Public Instruction

BLAINE HOME AND SCHOOL ASSOCIATION
30th and Norris Sts.

February 9, 1945

To the Parents:

The War has brought many problems before us. Our children have been affected in many ways -- one of the most serious is the increase in juvenile delinquency throughout the country. But world events are moving swiftly. The defeat of Germany and Japan is coming closer and closer. What type of world will we have after the War? What opportunities can we create for our children? How can we help build a better world?

You have thought about all of these problems. All of us have. Discussions and understanding on these, and all matters which affect us and our children, will help us to become the alert citizens of a true democracy.

The Board of Education has long realized the need for Adult Discussion and Education. Through its Adult Education Program, we, of this community have been most fortunate in having Mrs. Ida Langman assigned to us to lead an Adult Discussion Get-Together. She has many years of experience in Adult Education. The first such discussion will be held on Tuesday, February 13, 8:15 P. M. sharp at the Claire Post, American Legion, N. E. corner 33rd and Fontaine Sts. Further discussions will be held the second and fourth Tuesdays of every month.

The adults themselves will choose the topic for discussion for each session. Mrs. Langman will get "experts" to speak on any subject chosen by the people. Discussion and questions will follow.

We urge you most strongly to attend and to participate in these get-togethers. This is a community project, and is not limited to the Parents of our School. Your friends and neighbors are welcome.

We sincerely hope that you will attend and so give us the pleasure of seeing you next Tuesday Evening.

Very truly yours,
Executive Committee, Blaine P.T.A.
Sara Moser, President

Max Myers, Principal

EMPLOYEE IS TO FILL OUT THIS SIDE OF FORM ONLY
— PLEASE WRITE PLAINLY —
TAKE BOTH COPIES TO THE EXAMINING PHYSICIAN

EXAM BY	CLASSIFICATION	HEALTH STATUS	DATE THIS EXAM
A=B OF 5 PHYS S=OWN PHYS	T=TEACHER O=OTHER EMPLOYE	N=NORMAL D=DEFECTS	DATE NEXT EXAM

PRESENT POSITION <i>Teacher</i>	RACE <i>White Female</i>	SEX <i>Female</i>	DATE OF BIRTH			AGE NEAREST BIRTHDAY <i>44</i>	MARITAL STATUS CHECK SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>
			MONTH <i>2</i>	DAY <i>7</i>	YEAR <i>04</i>		
SCHOOL, DIVISION OR DEPARTMENT <i>S. Philips Girls High School</i>							

CHIEF COMPLAINT(S)

(LIST HERE AND DESCRIBE BRIEFLY ANY CONDITION(S) OR SYMPTOM(S) OF ILL HEALTH OF PRESENT CONCERN)

HAVE YOU EVER HAD ANY SEVERE OR CHRONIC ILLNESS, LUNG INFECTION, NERVOUS BREAKDOWN, OR SERIOUS ACCIDENT? (SPECIFY)

only children's disease - diphtheria, scarlet fever, measles

SURGICAL OPERATIONS—LIST BELOW OR ENTER "NONE"

DATE	NATURE OF OPERATION	RESULTS
	<i>none</i>	

FAMILY HISTORY		
IF LIVING		IF DECEASED
FATHER	AGE	HEALTH: GOOD OR POOR; IF POOR GIVE DETAILS
		AGE AT DEATH <i>67</i> CAUSE OF DEATH <i>Cancer</i>
MOTHER		AGE AT DEATH <i>47</i> CAUSE OF DEATH <i>myocardial</i>

IF LIVING			IF DECEASED		
B OR S	AGE	HEALTH: GOOD OR POOR; IF POOR GIVE DETAILS	B OR S	AGE AT DEATH	CAUSE OF DEATH
<i>S</i>	<i>41</i>	<i>good</i>			
<i>S</i>	<i>36</i>	<i>good</i>			
<i>S</i>	<i>24</i>	<i>good</i>			

* B=BROTHERS S=SISTERS

IS THERE ANY CHRONIC ILLNESS IN YOUR IMMEDIATE FAMILY? (IF SO SPECIFY)

no

HAVE YOU GAINED OR LOST *gained* POUNDS GAINED *6* IF SO, POUNDS LOST _____ MAXIMUM WEIGHT SINCE REACHING ADULTHOOD *130* POUNDS

HOW IS YOUR APPETITE? *good* DO YOU EAT RAPIDLY? *yes* DO YOU HAVE DISCOMFORT AFTER EATING? *no* AVERAGE NUMBER OF HOURS SLEEP? *7* FEEL RESTED ON ARISING? *yes*

STATE WHETHER YOU EAT SPARINGLY (s), MODERATELY (M), OR FREELY (F), OF THE FOLLOWING FOODS. USE SYMBOLS (s), (M), OR (F).

MEATS <i>M</i>	BREAD AND OTHER STARCHY FOODS <i>M</i>	FRUITS <i>M</i>	SALADS <i>F</i>	MILK <i>F</i>	DAILY CUPS OF COFFEE <i>2 or 3</i>	GLASSES OF WATER DAILY <i>2 or 3</i>
FISH <i>M</i>	VEGETABLES <i>F</i>	EGGS <i>M</i>	CHEESE <i>S</i>	BUTTER <i>M</i>	TEA	BEVERAGES

DO YOU HAVE A BOWEL MOVEMENT DAILY? *yes* DO YOU USE LAXATIVES OR ENEMAS? IF SO, STATE HOW OFTEN. *no* DO YOU HAVE HEMORRHOIDS (PILES) OR RECTAL PAIN? IF SO, DESCRIBE. *no* DO YOU ARISE AT NIGHT TO EMPTY BLADDER? IF SO, GIVE NUMBER OF TIMES *early - early morning*

DO YOU USE EYEGlasses? *yes* PRESCRIBED BY PHYSICIAN? *yes* PRESCRIBED FOR CONSTANT USE? *no* READING ONLY? *no* ARE THEY SATISFACTORY? *yes* HOW OLD ARE THE PRESENT LENSES *4* YEARS?

DO YOU GET SUFFICIENT RECREATION? (THIS REFERS TO GAMES, HOBBIES, PLEASURES, VARIETY IN LIFE, DIVERSITY OF INTERESTS TO RELIEVE MONOTONY). *yes* DO YOU GET ANY PHYSICAL EXERCISE OTHER THAN THAT SECURED IN THE COURSE OF YOUR WORK? *yes*

DO YOU HAVE ANY PARTICULAR WORRIES? *yes* (DOMESTIC—FINANCIAL—HEALTH—PROFESSIONAL—SOCIAL—UNNECESSARY) IF SO, DESCRIBE: *state of the world* IS YOUR WORK HARMFUL TO YOUR HEALTH? *no*

ARE YOU APPREHENSIVE ABOUT YOUR HEALTH? *no* IF SO, WHY? _____

HAVE YOU A REGULAR ATTENDING PHYSICIAN? *no* IF SO, WHEN DID YOU LAST CONSULT HIM? _____ FOR WHAT? _____

IF YOU HAVE HAD ANY OF THE FOLLOWING CONDITIONS WITHIN THE PAST FEW YEARS, CHECK (✓) AND GIVE DETAILS BELOW:

FREQUENT COUGHS OR COLDS.....	RHEUMATIC FEVER.....
ATTACKS OF TONSILLITIS.....	INDIGESTION.....
RAPID FATIGUE.....	VOMITING ATTACKS.....
SHORTNESS OF BREATH.....	ABDOMINAL PAIN.....
PALPITATION OF HEART.....	RUPTURE.....
PAIN IN REGION OF HEART.....	PARALYSIS IN ANY FORM.....
DISCHARGING EAR.....	FREQUENT URINATION.....
VERTIGO OR DIZZINESS.....	DIFFICULT URINATION.....
FREQUENT HEADACHES.....	MENSTRUAL DISTURBANCES.....
SPILLS OF UNCONSCIOUSNESS.....	CHRONIC SKIN DISEASE.....
SWELLING OF FEET.....	ANY OTHER SYMPTOM, DISEASE, OR INJURY.....
PAINS IN LEGS.....	
BACKACHE.....	
DETAILS:.....	

CONFIDENTIAL

EMPLOYEE IS NOT TO WRITE ON THIS SIDE OF FORM

HEIGHT 63 1/2 IN.	WEIGHT 132 Lb.	(a) NUTRITION Good	(b) HEARING ACUITY (WHISPERED VOICE) RIGHT EAR: 9 / 10 - LEFT EAR: 10 / 10 EAR CANALS, DRUMS, ETC. Clear	(c) VISUAL ACUITY						(d) EYES Pupillary reactions are normal
				DISTANT			NEAR			
TEMP. 97	PULSE RATE 60	RESP. 20	WITHOUT GLASSES 10 / 20	RIGHT	LEFT	BOTH	RIGHT	LEFT	BOTH	
(e) NOSE AND THROAT No nasal obstruction. Muc. Memb. normal Tonsils present--atrophic			(f) URO-GENITAL SYSTEMS L.M.P. Sept. 18, 1947. No pregnancies. No urinary symptoms.							
(g) TEETH AND MOUTH Teeth in good state of repair No visible lesions in the mouth.			(h) EXTREMITIES No pedal edema. No varicosities. No arthritic changes.							
(i) THYROID GLAND Not palpable.			(j) MENTAL AND NERVOUS SYSTEM Mental state good. All reflexes bilaterally present and equal. No pathological reflexes present.							
(k) HEART AND CIRCULATORY SYSTEM BLOOD PRESURE: SYSTOLIC 130 MM; DIASTOLIC 84 MM. Heart is not enlarged. No arrhythmia. Muscle tone good. Sinus bradycardia. No murmurs or thrills. Exercise response fairly good. No evidence of arteriosclerosis.			(l) SKIN Extremely dry--no visible lesions present							
(m) LUNGS Clear			(n) HERNIA AND MISCELLANEOUS Bilateral enlargement of cervical lymph nodes. No hernia. Breasts--no masses or scars.							
(o) DIGESTIVE SYSTEM Ahd.-liver and spleen not palpable. No masses or scars. Muscle tone good.			(p) URINALYSIS COLOR... Cloudy amber REACTION... Acid SP. GR. ... 1.030 SUGAR ... none ALBUMIN ... none			MICROSCOPIC Few epithelial cells Few amorphous urates				
(q) POSTURE AND ORTHOPEDIC Erect. No bony abnormalities.			(r) *STUDIES SUGGESTED (X-RAY, ECGM, B. M. R., BLOOD CHEMISTRY, AUDOMETRIC, ETC.): B.M.R. Complete Blood Count							

SUMMARY AND RECOMMENDATIONS MADE BY EXAMINING PHYSICIAN

FINDINGS IN THIS EXAMINATION INDICATING

A--TREATMENT OR OBSERVATION BY PHYSICIAN... Pt. complains of being excessively cold in winter. It is possible that the B.M.R. is probably on the low side, and with treatment this could be corrected.

Note complete blood count

B--CHANGE OF PERSONAL HABITS OR OF OCCUPATION:

None

C--RE-EXAMINATION ADVISED BEFORE NEXT REGULAR DATE? No
(ROUTINE REEXAMINATION REQUIRED EVERY TWO YEARS)

* RECORD HERE RESULTS OF STUDIES SUGGESTED:

Report of Complete Blood Count - Sept 26, 1947
Hemoglobin - 15%; Red Blood Cells - 3,800,000; White Blood Cells - 5,450
Differential: Polys. non-segmented 2% (some evidence of anemia)
Polys. segmented 53%
Lymphocytes 40%
monocytes 4%
Basophiles 1%

PLACE OF EXAMINATION: So. Phila. Girl's High

SIGNATURE OF EXAMINER: Maxine S. Ostrow M. D.

DATE OF EXAMINATION: 23 Sept. 1947

ADDRESS: 33m. Bldg. 21st and Parkway

CONFIDENTIAL ⁵⁰

EMPLOYEE IS NOT TO WRITE ON THIS SIDE OF FORM

HEIGHT 64 IN.	WEIGHT 128 LB.	(f) NUTRITION Good	(b) HEARING ACUITY (WHISPERED VOICE) RIGHT EAR: 10 /10 - LEFT EAR: 10 /10	(e) VISUAL ACUITY			(d) EYES	
TEMP. 97.3	PULSE 72	RESP. 16	EAR CANALS, DRUMS, ETC. Drums thickened but intact - canals clear.	DISTANT			appear normal. Pupils react to light and accommodation.	
			WITHOUT GLASSES	RIGHT	LEFT	BOTH		NEAR
			WITH GLASSES	15/30-	15/30-	15/20		J/1 J/1 J/1
						Classes not used.		
(g) NOSE AND THROAT	Clear.			(i) URO-GENITAL SYSTEMS	Breasts soft, no masses felt.			
(c) TEETH AND MOUTH	Partial removable upper right denture. Teeth in good condition. Mucosa clear. Tongue is normal.			(m) EXTREMITIES	Arches good. No varicosities.			
(e) THYROID GLAND	Not enlarged.			(n) MENTAL AND NERVOUS SYSTEM	Knee reflexes normally active.			
(h) HEART AND CIRCULATORY SYSTEM	BLOOD PRESSURE: SYSTOLIC 124 MM; DIASTOLIC 68 MM. Heart appears normal in size. Rhythm regular, sounds of good quality, no murmurs heard. Response to exercise good.			(o) SKIN	Clear			
(l) LUNGS	Clear to percussion and auscultation.			(p) HERNIA AND MISCELLANEOUS	No herniae.			
(j) DIGESTIVE SYSTEM	Abdomen soft, no scars, no tender spots, no organs or masses felt.			(q) URINALYSIS	COLOR clear amber REACTION acid SP. GR. 1.027 SUGAR negative ALBUMIN negative	MICROSCOPIC Several squamous, few renal and caudate epithelia. Very occasional white blood cells per HPF		
(k) POSTURE AND ORTHOPEDIC	Posture good.			(r) *STATE SPECIAL STUDIES (X-RAY, ECGM, B. M. R., BLOOD CHEMISTRY, AUDIOMETRIC, ETC.) WHICH ARE RECOMMENDED, OR SUGGESTED FOR CONSIDERATION BY OWN PHYSICIAN IN VIEW OF FINDINGS NOTED IN THIS REPORT: Complete Blood Count				

SUMMARY AND RECOMMENDATIONS MADE BY EXAMINING PHYSICIAN

FINDINGS IN THIS EXAMINATION INDICATING

A-TREATMENT OR OBSERVATION BY PHYSICIAN (ALSO NOTE FINDINGS CHECKED IN RED INK)

None

C-RE-EXAMINATION ADVISED BEFORE NEXT REGULAR DATE?

(ROUTINE REEXAMINATION REQUIRED EVERY TWO YEARS)

* RECORD HERE RESULTS OF STUDIES SUGGESTED:

Report of Complete Blood Count 6/9/54
 Hemoglobin 12.09 Differential: (% of each)
 RBC 3,960,000 = Polya-Segmented 62 Monocytes 4
 WBC 6,600 Non-Segmented 2 Basophiles 2
 Lymphocytes 32 Eosinophiles 2
 REMARKS: Low Count

B-CHANGE OF PERSONAL HABITS OR OF OCCUPATION: No

Draw attention to this
 PF

PLACE OF EXAMINATION Central Office

SIGNATURE OF EXAMINER Benjamin Fenichel

M. D.

DATE OF EXAMINATION June 14, 1954

ADDRESS 21st and Parkway

FOR CENTRAL OFFICE RECORD ONLY

CONFIDENTIAL

FOLIO NO. 3318

EMPLOYEE IS TO FILL OUT THIS SIDE OF FORM ONLY
- PLEASE WRITE PLAINLY -
TAKE BOTH COPIES TO THE EXAMINING PHYSICIAN

EXAM BY	CLASSIFICATION	HEALTH STATUS	DATE THIS EXAM
A = 6 OF 8 PHYS B = OWN PHYS		T = TEACHER O = OTHER EMPLOYE	N = NORMAL D = DEFECTS
			DATE NEXT EXAM

PRESENT POSITION (PAYROLL TITLE)	RACE	SEX	DATE OF BIRTH			AGE NEAREST BIRTHDAY	MARITAL STATUS CHECK
			MONTH	DAY	YEAR		
Museum Teacher	W	F	2	7	04	50	SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>
SCHOOL, DIVISION OR DEPARTMENT V. school Education							

FAMILY HISTORY				
IF LIVING			IF DECEASED	
	AGE	HEALTH: GOOD OR POOR; IF POOR GIVE DETAILS	AGE AT DEATH	CAUSE OF DEATH
FATHER			68	Cancer
MOTHER			40	myo carditis

CHIEF COMPLAINT(S)
(LIST HERE AND DESCRIBE BRIEFLY ANY CONDITION(S) OR SYMPTOM(S) OF ILL HEALTH OF PRESENT CONCERN)

none.

HAVE YOU EVER HAD ANY SEVERE OR CHRONIC ILLNESS, LUNG INFECTION, NERVOUS BREAKDOWN, OR SERIOUS ACCIDENT? (SPECIFY)

childhood diseases -

HAVE YOU EVER HAD A CHEST X-RAY? (SPECIFY "YES" OR "NO") ^{yes} IF "YES," GIVE DATE 1950

SURGICAL OPERATIONS - LIST BELOW OR ENTER "NONE"

DATE	NATURE OF OPERATION	RESULTS (STATE: CURE, IMPROVED, NOT BENEFITTED)
	none	

IF LIVING			IF DECEASED	
B OR S	AGE	HEALTH: GOOD OR POOR; IF POOR GIVE DETAILS	B OR S	AGE AT DEATH
	5	47		Good
	13	43		Good
	5	41		Good

* B = BROTHERS S = SISTERS

IS THERE ANY CHRONIC ILLNESS IN YOUR IMMEDIATE FAMILY? (IF SO SPECIFY)

none

HAVE YOU GAINED OR LOST WEIGHT IN PAST TWO YEARS? ^{neither} IF SO, POUNDS GAINED _____ POUNDS LOST _____ MAXIMUM WEIGHT SINCE REACHING ADULTHOOD 130 POUNDS

HOW IS YOUR APPETITE? <u>Good</u>	DO YOU EAT RAPIDLY? <u>yes</u>	DO YOU HAVE DISCOMFORT AFTER EATING? <u>no</u>	AVERAGE NUMBER OF HOURS SLEEP? <u>6</u>	FEEL RESTED ON ARISING? <u>yes</u>
STATE WHETHER YOU EAT SPARINGLY (S), MODERATELY (M), OR FREELY (F), OF THE FOLLOWING FOODS. USE SYMBOLS (S), (M), OR (F).				
MEATS <u>M</u>	FISH <u>M</u>	FRUITS <u>S</u>	SALADS <u>F</u>	MILK <u>M</u>
BREAD AND OTHER STARCHY FOODS <u>M</u>	VEGETABLES <u>F</u>	EGGS <u>M</u>	BUTTER <u>F</u>	CHEESE <u>M</u>
			COFFEE	TEA <u>M/MC - 1-2</u>
			OTHER	

DO YOU HAVE A BOWEL MOVEMENT DAILY? yes
DO YOU USE LAXATIVES OR ENEMAS? IF SO, STATE HOW OFTEN. no
DO YOU HAVE HEMORRHOIDS (PILES) OR RECTAL PAIN? IF SO, DESCRIBE. no
DO YOU ARISE AT NIGHT TO EMPTY BLADDER? IF SO, GIVE NUMBER OF TIMES. no

DO YOU USE EYEGASSES? yes PRESCRIBED BY PHYSICIAN? yes PRESCRIBED FOR CONSTANT USE? no READING ONLY? no ARE THEY SATISFACTORY? yes HOW OLD ARE THE PRESENT LENSES? 1 YEARS

DO YOU GET SUFFICIENT RECREATION? (THIS REFERS TO GAMES, HOBBIES, PLEASURES, VARIETY IN LIFE, DIVERSITY OF INTERESTS TO RELIEVE MONOTONY). yes DO YOU GET ANY PHYSICAL EXERCISE OTHER THAN THAT SECURED IN THE COURSE OF YOUR WORK? yes

DO YOU HAVE ANY PARTICULAR WORRIES? yes (DOMESTIC-FINANCIAL-HEALTH-PROFESSIONAL-SOCIAL-UNNECESSARY) IF SO, DESCRIBE. over - Atomic - DO YOU CONSIDER YOUR WORK HARMFUL TO YOUR HEALTH? no

ARE YOU APPREHENSIVE ABOUT YOUR HEALTH? no IF SO, WHY?

HAVE YOU A REGULAR ATTENDING PHYSICIAN? yes IF SO, WHEN DID YOU LAST CONSULT HIM? _____ FOR WHAT?

IF YOU HAVE OR HAVE HAD ANY OF THE FOLLOWING CONDITIONS, CHECK (✓) AND GIVE DETAILS BELOW:

FREQUENT COUGHS OR COLDS <input checked="" type="checkbox"/>	RHEUMATIC FEVER
ATTACKS OF TONSILLITIS	INDIGESTION
RAPID FATIGUE	VOMITING ATTACKS
SHORTNESS OF BREATH	ABDOMINAL PAIN
PALPITATION OF HEART	RUPTURE
PAIN IN REGION OF HEART	PARALYSIS IN ANY FORM
FREQUENT EAR	FREQUENT URINATION
VERTIGO OR DIZZINESS	DIFFICULT URINATION
FREQUENT HEADACHES <input checked="" type="checkbox"/>	MONTHLY DISTURBANCES
SPELLS OF UNCONSCIOUSNESS	CHRONIC SKIN DISEASE
SWELLING OF FEET	ANY OTHER SYMPTOM, DISEASE, OR INJURY
PAINS IN LEGS	

BACKACHE

DETAILS:

CONFIDENTIAL 48

EMPLOYEE IS NOT TO WRITE ON THIS SIDE OF FORM

HEIGHT			WEIGHT			(a) NUTRITION			(b) HEARING ACUITY (WHISPERED VOICE)			(c) VISUAL ACUITY						(d) EYES			
63 1/2 IN.			129 LB.			Good nutrition, tissues seem firm.			RIGHT EAR 10 / 10 - LEFT EAR 10 / 10			DISTANT		NEAR		Eyes grossly normal. Pupillary reactions are normal. Eye grounds are normal.					
TEMP.			PULSE RATE			RESP.			EAR CANALS, DRUMS, ETC.			WITHOUT GLASSES		WITH GLASSES							
97.6			78			15			Canals and drums normal.			RIGHT		LEFT							
												15/20		15/20-15/15-		J./ 1		J./ 1		J./ 1	
(e) NOSE AND THROAT			Nose and throat appear normal.									(i) URO-GENITAL SYSTEMS		No menstrual symptoms. No urinary difficulties.							
(f) TEETH AND MOUTH			Teeth in excellent repair. Gums and mucous membranes healthy.									(m) EXTREMITIES		Arches good No edema - No varicosities.							
(g) THYROID GLAND			No thyroid enlargement or evidence of dysfunction.									(n) MENTAL AND NERVOUS SYSTEM		Normal reflexes. No abnormal neurological findings.							
(h) HEART AND CIRCULATORY SYSTEM			BLOOD PRESSURE: SYSTOLIC 112 MM; DIASTOLIC 72 MM. Heart normal in size - Normal rhythm. Good heart musculature. No murmurs. Exercise response is satisfactory.									(o) SKIN		Slight skin pallor, slightly roughened. No eruptions.							
(i) LUNGS			Lungs clear - Breath sounds physiological throughout both lungs.									(p) HERNIA AND MISCEL-LANEUS		Breasts soft, no pathology. No hernia - No hemorrhoidal symptoms.							
(j) DIGESTIVE SYSTEM			No digestive disturbances, abdomen everywhere soft, No masses felt.									(q) URINALYSIS		COLOR clear, yellow REACTION acid SP. GR. 1.015 SUGAR negative ALBUMIN negative		MICROSCOPIC		Occasional squamous and renal epithelia, White Blood Cells 0-2 HPF.			
(k) POSTURE AND ORTHOPEDIC			Erect posture - No spinal curvatures. No orthopedic defects.																		

(*) STATE SPECIAL STUDIES (X-RAY, ECG, B. M. R., BLOOD CHEMISTRY, AUDIOMETRIC, ETC.) WHICH ARE RECOMMENDED, OR SUGGESTED FOR CONSIDERATION BY OWN PHYSICIAN IN VIEW OF FINDINGS NOTED IN THIS REPORT:

Complete Blood Count

SUMMARY AND RECOMMENDATIONS MADE BY EXAMINING PHYSICIAN

FINDINGS IN THIS EXAMINATION INDICATING

A-TREATMENT OR OBSERVATION BY PHYSICIAN (ALSO NOTE FINDINGS CHECKED IN RED INK)

2 Possible borderline anemia

C-RE-EXAMINATION ADVISED BEFORE NEXT REGULAR DATE? No
(ROUTINE REEXAMINATION REQUIRED EVERY TWO YEARS)

* RECORD HERE RESULTS OF STUDIES SUGGESTED:

Report of Complete Blood Count May 15, 1952
 Hemoglobin 8% Differential: (5 of each)
 RBC 4,300,000 Poly-Segmented 40 Monocytes 2
 WBC 7,500 Non-Segmented 1 Eosinophils 1
 Lymphocytes 36 Eosinophils -

REMARKS:
 Hemoglobin lower limit of normal

PLACE OF EXAMINATION Central Office

SIGNATURE OF EXAMINER

Rudolph Bloom

Rudolph Bloom

M. D.

DATE OF EXAMINATION

May 14

52

ADDRESS

Parkway at 21st Street

FOR CENTRAL OFFICE RECORD ONLY

CONFIDENTIAL

FOLIO NO. 3318

6

EMPLOYEE IS TO FILL OUT THIS SIDE OF FORM ONLY
PLEASE WRITE PLAINLY
TAKE BOTH COPIES TO THE EXAMINING PHYSICIAN

EXAM BY	CLASSIFICATION	HEALTH STATUS	DATE THIS EXAM
A=BS OF E PHYS B=OWN PHYS	T=TEACHER O=OTHER EMPLOYE	N=NORMAL D=DEFECTS	DATE NEXT EXAM

PRESENT POSITION (PAYROLL TITLE)	RACE	SEX	DATE OF BIRTH			AGE NEAREST BIRTHDAY	MARITAL STATUS CHECK				
			MONTH	DAY	YEAR		SINGLE	MARRIED	SEPARATED	DIVORCED	WIDOWED
Museum Teacher SCHOOL DIVISION OR DEPARTMENT Division of Visual Education	white	Female	2	7	04	48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHIEF COMPLAINT(S)
(LIST HERE AND DESCRIBE BRIEFLY ANY CONDITION(S) OR SYMPTOM(S) OF ILL HEALTH OF PRESENT CONCERN)

none

HAVE YOU EVER HAD ANY SEVERE OR CHRONIC ILLNESS, LUNG INFECTION, NERVOUS BREAKDOWN, OR SERIOUS ACCIDENT? (SPECIFY)

children's diseases - scarlet fever, measles, diphtheria

SURGICAL OPERATIONS - LIST BELOW OR ENTER "NONE"

DATE	NATURE OF OPERATION	RESULTS (STATE: CURE, IMPROVED, NOT BENEFITTED)
	none	

HAVE YOU GAINED OR LOST WEIGHT IN PAST TWO YEARS? *neither*

IF SO, POUNDS GAINED..... POUNDS LOST.....

MAXIMUM WEIGHT SINCE REACHING ADULTHOOD, 130 POUNDS

HOW IS YOUR APPETITE? <i>Good</i>	DO YOU EAT RAPIDLY? <i>yes</i>	DO YOU HAVE DISCOMFORT AFTER EATING? <i>no</i>	AVERAGE NUMBER OF HOURS SLEEP? <i>6</i>	FEEL RESTED ON ARISING? <i>yes</i>
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STATE WHETHER YOU EAT SPARINGLY (S), MODERATELY (M), OR FREELY (F), OF THE FOLLOWING FOODS. USE SYMBOLS (S), (M), OR (F).

MEATS <i>M</i>	BREAD AND OTHER STARCHY FOODS <i>S</i>	FRUITS <i>S</i>	SALADS <i>M</i>	MILK <i>F</i>	DAILY CUPS OF COFFEE <i>2 or 3</i>	GLASSES OF WATER DAILY <i>2 or 3</i>
FISH <i>M</i>	VEGETABLES <i>F</i>	EGGS <i>M</i>	CHEESE <i>F</i>	BUTTER <i>F</i>	TEA <i>2</i>	BEVERAGES <i>2</i>
					OTHER <i>2</i>	

DO YOU HAVE A BOWEL MOVEMENT DAILY? *yes*

DO YOU USE LAXATIVES OR ENEMAS? IF SO, STATE HOW OFTEN. *no*

DO YOU HAVE HEMORRHOIDS (PILES) OR RECTAL PAIN? IF SO, DESCRIBE. *no*

DO YOU ARISE AT NIGHT TO EMPTY BLADDER? IF SO, GIVE NUMBER OF TIMES. *no*

TOBACCO DAILY? *rarely*

CIGARETTES? *rarely*

OTHER?

DO YOU USE EYEGLASSES? <i>yes</i>	PRESCRIBED BY PHYSICIAN? <i>yes</i>	PRESCRIBED FOR CONSTANT USE? <i>no</i>	ARE THEY SATISFACTORY? <i>yes</i>	HOW OLD ARE THE PRESENT LENSES? <i>1</i> YEAR(S)
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DO YOU GET SUFFICIENT RECREATION? (THIS REFERS TO GAMES, HOBBIES, PLEASURES, VARIETY IN LIFE, DIVERSITY OF INTERESTS TO RELIEVE MONOTONY). *yes*

DO YOU GET ANY PHYSICAL EXERCISE OTHER THAN THAT SECURED IN THE COURSE OF YOUR WORK? *yes*

DO YOU HAVE ANY PARTICULAR WORRIES? *yes*

IF SO, DESCRIBE: *increasing possibility of war*

DO YOU CONSIDER YOUR WORK HARMFUL TO YOUR HEALTH? *no*

ARE YOU APPREHENSIVE ABOUT YOUR HEALTH? *no*

IF SO, WHY?

HAVE YOU A REGULAR ATTENDING PHYSICIAN? *yes*

IF SO, WHEN DID YOU LAST CONSULT HIM? *190-1*

FOR WHAT? *Regular examination*

FAMILY HISTORY

	IF LIVING		IF DECEASED	
	AGE	HEALTH: GOOD OR POOR; IF POOR GIVE DETAILS	AGE AT DEATH	CAUSE OF DEATH
FATHER			70	cancer
MOTHER			70	myocarditis

* B = BROTHERS S = SISTERS

IS THERE ANY CHRONIC ILLNESS IN YOUR IMMEDIATE FAMILY? (IF SO SPECIFY)

no

IF YOU HAVE OR HAVE HAD ANY OF THE FOLLOWING CONDITIONS, CHECK (✓) AND GIVE DETAILS BELOW:

FREQUENT COUGHS OR COLDS.....	RHEUMATIC FEVER.....
ATTACKS OF TONSILLITIS.....	INDIGESTION.....
RAPID FATIGUE.....	VOMITING ATTACKS.....
SHORTNESS OF BREATH.....	ABDOMINAL PAIN.....
PALPITATION OF HEART.....	RUPTURE.....
PAIN IN REGION OF HEART.....	PARALYSIS IN ANY FORM.....
DISCHARGING EAR.....	FREQUENT URINATION.....
VERTIGO OR DIZZINESS.....	DIFFICULT URINATION.....
FREQUENT HEADACHES.....	MENSTRUAL DISTURBANCE.....
SPELLS OF UNCONSCIOUSNESS.....	CHRONIC SKIN DISEASE.....
SWELLING OF FEET.....	ANY OTHER SYMPTOM, DISEASE, OR INJURY.....
PAINS IN LEGS.....	
BACKACHE.....	

DETAILS:.....

CONFIDENTIAL 46

EMPLOYEE IS NOT TO WRITE ON THIS SIDE OF FORM

HEIGHT 63 1/2 IN	WEIGHT 121 LB.	(a) NUTRITION Good	(b) HEARING ACUITY (WHISPERED VOICE) RIGHT EAR: 10 / 10 - LEFT EAR: 10 / 10	(c) VISUAL ACUITY						(d) EYES
TEMP. 97.8	PULSE RATE 64	RESP. 16	EAR CANALS, DRUMS, ETC. Left drum clear- Right drum covered with cerumen	DISTANT			NEAR			Pupillary reactions normal
			WITHOUT GLASSES	RIGHT 15/30-	LEFT 15/30	BOTH 15/20	RIGHT J.1	LEFT J.1	BOTH J.1	
			WITH GLASSES	15/15	15/15	15/15	J.1	J.1	J.1	
(e) NOSE AND THROAT	Septum deflected to the left- congested ✓ Tonsils inflamed- cryptic			(f) URO-GENITAL SYSTEMS	No urinary symptoms-- Menses every 26- 31 days- lasting 3-5 days- No pregnancies					
(g) TEETH AND MOUTH	Mucous membrane and gums healthy Teeth in good repair			(h) EXTREMITIES	Chilly hands and feet. No joint pains- No edema-- No varicosities					
(i) THYROID GLAND	Not palpable			(j) MENTAL AND NERVOUS SYSTEM	Reflexes equal- active					
(k) HEART AND CIRCULATORY SYSTEM	BLOOD PRESSURE: SYSTOLIC 112 MM. DIASTOLIC 84 MM. Pulse regular- good volume and rhythm- Heart borders not increased- Apex beat palpable. Regular- good volume and rhythm- No murmurs- Sounds "clicking"- Exercise response good			(l) SKIN	Good texture					
(m) LUNGS	Vesicular and clear			(n) HERNIA AND MISCELLANEOUS	No hernia Breasts soft- no masses					
(o) DIGESTIVE SYSTEM	No digestive disturbances Abdomen- good muscle- no masses- no pain- no scars			(p) URINALYSIS	COLOR Clear yellow REACTION Acid SP. GR. 1.024 SUGAR None ALBUMIN None	MICROSCOPIC Several squamous & caudate epithelia W.B.C. 3-4 per high power field				
(q) POSTURE AND ORTHOPEDIC	Good			(r) * STATE SPECIAL STUDIES (X-RAY, ECGM, B. M. R., BLOOD CHEMISTRY, AUDIOMETRIC, ETC.) WHICH ARE RECOMMENDED, OR SUGGESTED FOR CONSIDERATION BY OWN PHYSICIAN IN VIEW OF FINDINGS NOTED IN THIS REPORT.						

SUMMARY AND RECOMMENDATIONS MADE BY EXAMINING PHYSICIAN

FINDINGS IN THIS EXAMINATION INDICATING

A-TREATMENT OR OBSERVATION BY PHYSICIAN (ALSO NOTE FINDINGS CHECKED IN RED INK)

None

C-RE-EXAMINATION ADVISED BEFORE NEXT REGULAR DATE? No
(ROUTINE REEXAMINATION REQUIRED EVERY TWO YEARS)

* RECORD HERE RESULTS OF STUDIES SUGGESTED:

B-CHANGE OF PERSONAL HABITS OR OF OCCUPATION:

PLACE OF EXAMINATION So. Phila. Girls High

SIGNATURE OF EXAMINER

Margaret S. Foery

M. D.

DATE OF EXAMINATION

Oct. 5, 19 49

ADDRESS

Adm. Bldg. 21st St. & Parkway

FOR CENTRAL OFFICE RECORD ONLY

CONFIDENTIALFOLIO NO. 3318 5EMPLOYEE IS TO FILL OUT THIS SIDE OF FORM ONLY
— PLEASE WRITE PLAINLY —
TAKE BOTH COPIES TO THE EXAMINING PHYSICIAN

EXAM BY	CLASSIFICATION	HEALTH STATUS	DATE THIS EXAM
A = B OF E PHYS B = OWN PHYS	T = TEACHER O = OTHER EMPLOYE	N = NORMAL D = DEFECTS	DATE NEXT EXAM

PRESENT POSITION (PAYROLL TITLE) <i>Teacher</i>	RACE <i>White</i>	SEX <i>Female</i>	DATE OF BIRTH		AGE NEAREST BIRTHDAY <i>46</i>	MARITAL STATUS CHECK SINGLE..... MARRIED..... SEPARATED..... DIVORCED..... WIDOWED.....
			MONTH	DAY		
SCHOOL, DIVISION OR DEPARTMENT <i>South Philadelphia Girls High</i>						

CHIEF COMPLAINT(S)
(LIST HERE AND DESCRIBE BRIEFLY ANY CONDITION(S) OR SYMPTOM(S) OF ILL HEALTH OF PRESENT CONCERN)*none*

HAVE YOU EVER HAD ANY SEVERE OR CHRONIC ILLNESS, LUNG INFECTION, NERVOUS BREAKDOWN, OR SERIOUS ACCIDENT? (SPECIFY)

children's diseases only - measles, scarlet fever, diphtheria

SURGICAL OPERATIONS — LIST BELOW OR ENTER "NONE"

DATE	NATURE OF OPERATION	RESULTS (STATE: CURE, IMPROVED, NOT BENEFITTED)
	<i>none</i>	

FAMILY HISTORY			
IF LIVING		IF DECEASED	
AGE	HEALTH: GOOD OR POOR; IF POOR GIVE DETAILS	AGE AT DEATH	CAUSE OF DEATH
FATHER		<i>67</i>	<i>Chronic C. hem</i>
MOTHER		<i>39</i>	<i>myocarditis</i>
IF LIVING		IF DECEASED	
* B OR S	AGE	HEALTH: GOOD OR POOR; IF POOR GIVE DETAILS	* B OR S
<i>S</i>	<i>42</i>	<i>good</i>	
<i>B</i>	<i>38</i>	<i>good</i>	
<i>S</i>	<i>36</i>	<i>good</i>	

* B = BROTHERS S = SISTERS

IS THERE ANY CHRONIC ILLNESS IN YOUR IMMEDIATE FAMILY? (IF SO SPECIFY)

*No*HAVE YOU GAINED OR LOST WEIGHT IN PAST TWO YEARS? *lost* IF SO, POUNDS GAINED..... POUNDS LOST..... *7* MAXIMUM WEIGHT SINCE REACHING ADULTHOOD..... *130* POUNDS

HOW IS YOUR APPETITE? <i>Good</i>	DO YOU EAT RAPIDLY? <i>Yes</i>	DO YOU HAVE DISCOMFORT AFTER EATING? <i>No</i>	AVERAGE NUMBER OF HOURS SLEEP? <i>7</i>	FEEL RESTED ON ARISING? <i>Yes</i>
STATE WHETHER YOU EAT SPARINGLY (S), MODERATELY (M), OR FREELY (F), OF THE FOLLOWING FOODS. USE SYMBOLS (S), (M), OR (F).			DAILY CUPS OF	GLASSES OF WATER DAILY
MEATS <i>M</i>	BREAD AND OTHER STARCHY FOODS <i>F</i>	FRUITS <i>S</i>	MILK <i>F</i>	COFFEE <i>-</i>
FISH <i>M</i>	VEGETABLES <i>F</i>	Eggs <i>M</i>	BUTTER <i>F</i>	TEA <i>-</i>
		CHEESE <i>M</i>	OTHER	BEVERAGES <i>-</i>

DO YOU HAVE A BOWEL MOVEMENT DAILY? <i>Yes</i>	DO YOU USE LAXATIVES OR ENEMAS? IF SO, STATE HOW OFTEN. <i>No</i>	DO YOU HAVE HEMORRHOIDS (PILES) OR RECTAL PAIN? IF SO, DESCRIBE. <i>No</i>	DO YOU ARISE AT NIGHT TO EMPTY BLADDER? IF SO, GIVE NUMBER OF TIMES. <i>No</i>	TOBACCO DAILY? <i>-</i>
DO YOU USE EYEGASSES? <i>Yes</i>	PRESCRIBED BY PHYSICIAN? <i>Yes</i>	PRESCRIBED FOR CONSTANT USE? <i>No</i>	READING ONLY? <i>No</i>	CIGARETTES <i>-</i>
		ARE THEY SATISFACTORY? <i>Yes</i>	HOW OLD ARE THE PRESENT LENSES? <i>7</i> YEARS!	OTHER <i>-</i>

DO YOU GET SUFFICIENT RECREATION? (THIS REFERS TO GAMES, HOBBIES, PLEASURES, VARIETY IN LIFE, DIVERSITY OF INTERESTS TO RELIEVE MONOTONY). <i>Yes</i>	DO YOU GET ANY PHYSICAL EXERCISE OTHER THAN THAT SECURED IN THE COURSE OF YOUR WORK? <i>Yes</i>
DO YOU HAVE ANY PARTICULAR WORRIES? <i>Yes</i>	DO YOU CONSIDER YOUR WORK HARMFUL TO YOUR HEALTH? <i>No</i>
(DOMESTIC—FINANCIAL—HEALTH—PROFESSIONAL—SOCIAL—UNNECESSARY)	
IF SO, DESCRIBE <i>possibility of amputation</i>	
ARE YOU APPREHENSIVE ABOUT YOUR HEALTH? <i>No</i>	IF SO, WHY:

IF YOU HAVE OR HAVE HAD ANY OF THE FOLLOWING CONDITIONS, CHECK (✓) AND GIVE DETAILS BELOW:

FREQUENT COUGHS OR COLDS.....	RHEUMATIC FEVER.....
ATTACKS OF TONSILLITIS.....	INDIGESTION.....
RAPID FATIGUE.....	VOMITING ATTACKS.....
SHORTNESS OF BREATH.....	ABDOMINAL PAIN.....
PALPITATION OF HEART.....	RUPTURE.....
PAIN IN REGION OF HEART.....	PARALYSIS IN ANY FORM.....
DISCHARGING EAR.....	FREQUENT URINATION.....
VERTIGO OR DIZZINESS.....	DIFFICULT URINATION.....
FREQUENT HEADACHES.....	MENSTRUAL DISTURBANCES.....
SPELLS OF UNCONSCIOUSNESS.....	CHRONIC SKIN DISEASE.....
SWELLING OF FEET.....	ANY OTHER SYMPTOM, DISEASE, OR INJURY.....
PAINS IN LEGS.....	
BACKACHE.....	

DETAILS:

HAVE YOU A REGULAR ATTENDING PHYSICIAN? <i>No</i>	IF SO, WHEN DID YOU LAST CONSULT HIM? <i>-</i>	FOR WHAT?
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