WEST ESSEX REGIONAL SCHOOL DISTRICT

West Greenbrook Road, North Caldwell, NJ 07006
(973) 228-1200

High School Nurse ext. 1240
Fax (973) 228-5726

Middle School Nurse ext. 3340
Fax (973) 228-8512

PHYSICAL EXAMINATION AND IMMUNIZATION FORM

PHYSICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN OR DESIGNEE. PLEASE ATTACH IMMUNIZATIONS.

NAME:	GRADE:	DATE OF BIRTH:

Health History:

ALLERGIES: List all known allergies: Describe reaction and management of reaction:

Medication Allergies: Yes No _____ _____
Food Allergies: Yes No _____ _____
Insects/Animals: Yes No _____ _____
Environmental/Pollens: Yes No _____ _____

MEDICATIONS: List ALL medications (prescription, over-the-counter, non-prescription) taken routinely.

Medication	Dosage/Frequency	Reason for medication
_____	_____	_____
_____	_____	_____

HEIGHT: **WEIGHT:** **B/P:** **HEART RATE:** **VISION:** OD 20/ OS 20/ OU 20/
CORRECTED: YES NO

	NORMAL	COMMENTS:(EXPLAIN ALL ABNORMAL FINDINGS)
APPEARANCE		
SKIN		
EYES/EARS/NOSE/THROAT		
LYMPH NODES		
HEART		
LUNGS		
ABDOMEN		
GENITOURINARY		
CNS		
NEUROMUSCULAR		
MUSCULO-SKELETAL		
EXTREMITIES		
SPINE		

SEIZURE DISORDER: YES NO TYPE **SCOLIOSIS:** Negative Positive: Degree: Referred/Treated/Corrected:

Hearing Screening Right Left Sweep Check/Pure Tone/OAE

STUDENT MAY PARTICIPATE IN ALL PHYSICAL EDUCATION ACTIVITIES: YES NO

STUDENT MAY NOT PARTICIPATE IN THE FOLLOWING PHYSICAL ACTIVITY(IES):

PHYSICIAN'S SIGNATURE: OFFICE STAMP:

DATE OF EXAMINATION: