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 (COMPLETE	D BY PHYSICIAN OR D	ESIGNEE	PLEASE ATTA	CH IMMUNIZAT	TIONS.
NAME:				GRADE:	DATE	OF BIRTH:
Health History:						
ALLERGIES: List all known allergies: Medication Allergies: Yes No Food Allergies: Yes No Insects/Animals: Yes No Environmental/Pollens: Yes No						
MEDICATIONS: List ALL medications (prescription, over-the-count Medication Dosage/Frequency		ter, non-prescription) taken routinely. Reason for medication				
HEIGHT: WEIGHT:		B/P:	HE	ART RATE:	VISION: C CORR	DD 20/ OS 20/ OU 20/ ECTED: YES NO
	NORMAL	COMMENTS:(EXPLAIN AL	L ABNORMA	L 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: Ne	gative Po	sitive: Degree:	Treatment	<u>:</u>
Hearing Right Left	TB SCREENING: DATE PLACED			DATE RE	AD	RESULT
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:						
5/2024 Physical exam form must be <u>completed in full</u> . OFFICE STAMP REQUIRED						