

EAST AMWELL TOWNSHIP SCHOOL
RINGOES, NJ 08551

HEALTH EXAMINATION RECORD

(To be completed by physician)

Date _____ Name _____ Age _____

Address _____

Date of Birth _____

Height _____

Heart _____

Weight _____

Lungs _____

R
Vision _____

Abdomen _____

L

Hernia _____

R
Vision with glasses _____

Orthopedic _____

L

L
Ears _____

Posture _____

R

Scoliosis _____

Hearing _____

Feet _____

Head and Scalp _____

General Health _____
(Good, Fair, Poor)

Teeth and Mouth _____

Physical
Development _____
(Thin, normal, obese)

Nose _____

Blood Pressure _____

Throat _____

Speech _____

Lymph Nodes _____

Nails _____

Skin _____

Deformities _____

Code: 0 - normal x - defect xxx - immediate action xx - being corrected

1. May the child participate in a full school program? NO _____ YES _____

2. List physical restrictions, if any _____

Child's Name _____

IMMUNIZATION RECORD

New Jersey Sanitary Code, Chapter 14, requires all of the following immunizations. Please list **day, month** and **year** of each immunization.

DATES

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Polio Vaccine #1 _____
(State kind) **#2** _____
#3 _____

Polio Boosters _____

Diphtheria #1 _____
Pertussis #2 _____
Tetanus #3 _____
DPT Boosters _____

M.M.R. _____ Booster _____

Measles _____

Rubella _____

Mumps _____

Tuberculin Test (Mantoux) _____
Result _____

Haemophilus B _____

Hepatitis B Series _____

Varicella _____

SIGNATURE (Dr.'s Stamp or Seal) MANDATORY

