The Public Schools West Orange, New Jersey 07052

PUPIL HEALTH EXAMINATION

NAME:		SEX:	_ DATE	OF BIRTH	<u>:</u>	
(Last)	(First)		_			
SCHOOL OF ATTENDANCE:			G	RADE:		
HEALTH HISTORY						
Pertinent Medical History:						
Allergies:						
		• •				
Is this child on Medication?Yes						
Latest Immunizations (Dates): Hep. B #1_	#2	#3	3	DTP	DT _	
OPV/IPV M	MR		Varivax			_
Meningococcal Vaccine	_ Influenza Vaccine_		Other			
Mantoux Tuberculin Test: Date		Neg	Pos			_ mm induration
If positive, result of x-ray		_				
PHYSICAL EXAMINATION			1104011101111_			
	Waight		Dia	and Dunggrams		
Height	Weight			_		
Ears	Hearing: R	Ţ				
Face	ricaring . K	L				
Eyes	Vision: R	L				
Nose	Both				~ F	
Mouth	Corrected – Glasses					
Teeth	R L		_			
Throat	Both		Ger	nitalia		
Neck						Pos
Scalp						
Skin						
SUMMARY:						
RECOMMENDATION: Student may pa	articipate in all physica	al education activ	vities		Yes	
No						
Student may not participate in the followin						
Laboratory Work (if indicated):						ork-Up
2. Other Medical Recommendations:						
Signature:			Date of Physical:			
Examiner name and title:		Check One: School Physician				
Address:		Private Physician				
Telephone:				Adven	nced Practice Nu	ırse
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