

PATERSON PUBLIC SCHOOL PHYSICAL EXAMINATION FORM DATE OF EXAM _____

PATERSON PUBLIC SCHOOL # _____ SCHOOL NURSE: 973-321- _____

DATE GIVEN _____ DUE BACK _____ TIME _____ DATE RETURNED _____

STUDENT NAME: _____ DOB: _____ AGE: _____ SEX: M F GRADE: _____

ADDRESS: _____ PATERSON, N.J. _____

HISTORY OF ILLNESS OR ABNORMALITIES: _____

Vision (R) 20/ _____ (L) 20/ _____ Corrected Y / N Glasses: Y / N Contacts Y / N Hearing (R) _____ (L) _____

Height _____ % _____ Weight _____ % _____ B/P _____ / _____ Pulse _____ bpm

Allergies _____

Asthma _____

Ears _____

Eyes _____

Lymph Glands _____ Thyroid _____

Nose _____ Throat _____

Teeth _____ Mouth _____

Heart _____ Murmur ☐ Yes ☐ No

Lungs _____

Abdomen _____ Hernia _____

Genito-Urinary _____

Orthopedic: Structural _____ Posture _____ Feet _____ Scoliosis _____

Skin _____ Nutrition _____

Nervous System _____

Speech _____

General Appearance _____ Other _____

What if any modifications are required for full participation in the school program? _____

What medical factors may effect his/her growth, development and/or academic progress? _____

Is the child receiving medication ? _____ Other therapy? _____

If so, what are the side effects with regard to his/her academic progress in school? _____

Referrals made as a result of this examination: _____

PHYSICIAN'S SIGNATURE _____

TELEPHONE _____

ADDRESS _____

FAX _____

PRINT PHYSICIAN'S NAME _____

IMMUNIZATIONS:

DTaP/DTaP/Td

POLIO

MMR

HEP B

HIB

BCG

NJHS Registry No. _____

1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____

OTHER

5. _____

VZV

Varicella Disease Statement or Laboratory Evidence Attached ☐

Tdap

MENINGOCOCCAL

OTHER:

PPD Mantoux Test:

Planted _____ Read _____ Result _____ mm

X-R: Y / N Date: _____ Result: _____ INH: Y / N _____ mg. X _____ mos. Date started: _____ Date Completed _____

Blood Lead Level _____ mcg/dL Date Tested _____ Not Available _____ REFERRED TO FOR TESTING _____