

**BOARD OF EDUCATION
REPORT**

Kinnelon, New Jersey

STUDENT MEDICAL

Name _____ Date of Birth _____

Address _____ School _____ Grade _____

IMMUNIZATION RECORD

VACCINE TYPE	DISEASE DATE	1st Dose Mo/Day/Y r	2nd Dose Mo/Day/Y r	3rd Dose Mo/Day/Y r	4th Dose Mo/Day/Y r	5th Dose Mo/Day/Y r	6th Dose Mo/Day/Y r
Diphtheria, Tetanus, Pertusis-DTP							
Polio Vaccine (OPV &/ or IPV)							
MMR (Measles, Mumps & Rubella)							
HbPv							
HEPATITIS B							
Varicella							
TB Test (Mantoux)							

DISEASE HISTORY	
Chicken Pox	Allergies
Asthma	Regular Medications
Convulsions	
Lyme Disease	
Hepatitis	
Pneumonia	
Strep Infections	
Meningitis	
Otitis Media	
Neuromuscular Disease	
Operations	

PHYSICAL EXAM	
Ears (otoscopic)	Heart
Eyes	Lungs
Lymph Glands	Abdomen
Thyroid	Genito-Urinary
Nose	Orthopedic - Posture
Throat	- Structural
Teeth-Mouth	Skin
Nutrition	Height
Nervous System	Weight
Speech	Vision Glasses?
Other	Hearing

Recommendation for physical activity in school:
A. Full Physical Activity _____

B. Modified Physical Activity because of _____

Date of examination : _____ Signature of Physician _____

Please print physician's name: _____
Address: _____

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