

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

NJIS Registry No.

Table with columns for immunizations: DTP/DTaP/Td, POLIO, MMR, HEP B, HIB, BCG, Tdap, MENINGOCOCCAL, VZV, and OTHER.

PPD Mantoux Test: Planted Read Result mm
CXR: 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