Mendham Township Elementary School

18 West Main Street, Brookside, NJ 07926
973-543-7107

Health Screening Exemption Form

My Child _____ Grade_____ DOB_____

had a physical on_____

Their Vital Signs and Screening results are:

BP_____ Pulse_____

Height_____ Weight_____

Vision: Right Eye_____ Left Eye_____ uncorrected____ corrected_____

Hearing:_____

Physician's signature_____ date_____

This form exempts this student from the annual screenings

Thank you.

Sincerely,

Alexandra Gonzalez
Elizabeth Haversang