

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 _____

NJIIS Registry No. _____

MMUNIZATIONS:

DTP/ DTaP /Td	POLIO	MMR	HEP B	HIB	BCG
1. _____	1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____	OTHER
3. _____	3. _____	3. _____	3. _____	3. _____	_____
4. _____	4. _____	4. _____	4. _____	4. _____	_____
5. _____	_____	VZV	Varicella Disease Statement or Laboratory Evidence Attached <input type="checkbox"/>		
Tdap	MENINGOCOCCAL	1. _____	OTHER: _____		
_____	1. _____	2. _____	_____		

PD Mantoux Test: Planted _____ Read _____ Result _____ mm

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

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