

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. _____

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. _____	_____

_____ **VZV**

Varicella Disease Statement or Laboratory Evidence Attached ☐

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 _____