

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 affect 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. _____

IMMUNIZATIONS:

<u>DTP/DTaP/Td</u>	<u>POLIO</u>	<u>MMR</u>	<u>HEP B</u>	<u>HIB</u>	<u>BCG</u>
1 _____	1 _____	1 _____	1 _____	1 _____	
2 _____	2 _____	2 _____	2 _____	2 _____	<u>OTHER</u>
3 _____	3 _____	3 _____	3 _____	3 _____	
4 _____	4 _____	4 _____	4 _____	4 _____	
5 _____	5 _____				
		VZV	Varicella Disease Statement or Laboratory Evidence Attached		
<u>Tdap</u>	<u>MENINGOCOCCAL</u>	1 _____	<u>OTHER</u>		
1 _____	1 _____	2 _____			

PPD Mantoux Test: Planted _____ Read _____ Result _____ mm

CXR: Y / N Date: _____ Result: _____ INH: Y / N _____ mg _____ mos Date started: _____ Date Completed _____

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