

North Haledon School District

Memorial School
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High Mountain School
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North Haledon, NJ 07508
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HEALTH EXAMINATION

Date Examined _____

Pupil _____ d.o.b. _____ School/Gr. _____

IMMUNIZATION DATES

DPT _____

Polio _____

Hib/Prohibit _____

MMR _____

Hepatitis B _____

Varicella _____

Influenza _____

Hepatitis A _____

DPT/DT _____

Polio _____

Hib/Prohibit _____

Tetanus _____

Gardasil _____

Pneumococcal _____

Meningococcal _____

Tuberculin Test: _____ Result: _____

Mantoux (only if required): _____ Result: _____ X-Ray date: _____

EXAMINATION REVEALS THE FOLLOWING SIGNIFICANT FINDINGS:

Height _____

Hemoglobin _____

Nutrition _____

Skin _____

Eyes _____

Ears _____

Nose _____

Weight _____

B/P _____

Throat _____

Glands _____

Heart _____

Lungs _____

Urinalysis _____

Abdomen _____

Genito-urinary _____

Hernia _____

Orthopedic _____

ALLERGIES _____

OPERATIONS(dates) _____

INJURIES (dates) _____

ILLNESSES (dates) _____

*****SCOLIOSIS SCREENING*****

Ages 10-18- Results _____

Supplemental Information-MUST BE COMPLETED

- | | |
|---|--------------------|
| 1. History of syncope, concussion, skull fracture? | Yes _____ No _____ |
| 2. Serious visual defect or loss of vision in eye/eyes? | Yes _____ No _____ |
| 3. Hernia, Hydrocele or loss of one kidney or testicle? | Yes _____ No _____ |
| 4. Previous joint injuries not healed or repaired? | Yes _____ No _____ |

General physical and emotional status _____

Does this pupil take any medication regularly? NO _____ YES _____ If yes complete below:

Purpose of medication (Diagnosis) _____

Medication _____ Dosage _____

When is medication administered? _____

Possible side effects of medication _____

RECOMMENDATIONS FOR ANY ADJUSTMENT IN SCHOOL PROGRAM SHOULD BE NOTED BELOW:

_____ IS IN _____ condition and may safely engage in all usual activities, except as noted:

Physician's Signature

Physician's Stamp/Address/Phone#