

LINDENWOLD PUBLIC SCHOOLS
LINDENWOLD, NJ 08021

TO BE COMPLETED BY HEALTH CARE PROVIDER

NAME: _____ DOB: _____
ADDRESS: _____ SCHOOL: _____ GRADE: _____

RECORD OF PHYSICAL EXAMINATION: (report any significant findings)

MEDICAL HISTORY:

Communicable Diseases(types/years): _____
Operations (types/dates): _____
Fractures (sites/dates): _____
Heart Murmur/other Cardiac Abnormalities: _____
Spinal Deformities (Scoliosis): _____
Vision/Hearing Difficulties (specify): _____
Allergies (specify): _____
Chronic Illness: _____
List Medications for Chronic Illness/Allergy: _____

SYSTEMS REVIEW:

Height: _____ Weight: _____ Blood Pressure: _____
Vision Screening: Rt. ____/____ Lt. ____/____ with correction: glasses / contacts
Hearing Screening: Rt. _____ Lt. _____ hearing aid: right left both
Ears (otoscopic) _____ Teeth/mouth _____ Genito-Urinary _____ Nutrition _____
Eyes _____ Heart _____ Orthopedic: Structural _____ Nervous _____
Lymph Glands _____ Lungs _____ Posture _____ System _____
Thyroid _____ Abdomen _____ Feet _____ Speech _____
Nose _____ Hernia _____ Skin _____ Other _____
General Appearance: _____
Discuss Abnormal Findings: _____

IMMUNIZATION RECORD: (*month/day/year* - all inoculations - primary/boosters)

DT/Td, DTP, DTaP, Tdap (Indicate Type) (1) _____ (2) _____ (3) _____
Boosters (4) _____ (5) _____
OPV or IPV (Indicate type) (1) _____ (2) _____ (3) _____
Boosters (4) _____ (5) _____
MMR (1) _____ (2) _____
Measles _____ Mumps _____ Rubella _____
Hib (1) _____ (2) _____ (3) _____ (4) _____
HepB (1) _____ (2) _____ (3) _____
HepA (1) _____ (2) _____
Varicella (1) _____ (2) _____
Pneumococcal (1) _____ (2) _____ (3) _____ (4) _____
Meningococcal (1) _____
Influenza (1) _____
Lead Screening: Date _____ Results _____
Tuberculin Tests (*type/result*): _____

SUMMARY/RECOMMENDATIONS: (If necessary use reverse side of form)

* *Participation in all activity approved:* YES _____ NO _____

HEALTH CARE PROVIDER'S SIGNATURE PLEASE PRINT/STAMP HEALTH CARE PROVIDER'S NAME **DATE OF EXAM**
(Stamp or Office Staff Initials Not Acceptable)