FLORHAM PARK PUBLIC SCHOOLS HEALTH OFFICES

Briarwood Elementary School Phone: 973-822-3884 ext. 3002

Fax: 973-822-0789

Brooklake Elementary School Phone: 973-822-3888 ext. 4003

Fax: 973-822-1577

Ridgedale Middle School Phone: 973-822-3855 ext. 2004

Fax: 973-822-7963

PHYSICAL EXAMINATION FORM - NEW STUDENTS

Name:		Grade:	Birth Date:
Last	First	M. I.	DI.
Address:			Phone:
MEDICAL HISTORY			
Birth Weight:	Developmental Dis	abilities	
Interventions:	2 • • • • • • • • • • • • • • • • •		
Indicate dates and results o	of any of the following eval	uations:	
Vision:	Speech:	Hearing:	
Spine for Scoliosis:		Other:	Asthma*
Allergies	Hepatitis	Pneumonia	Asthma*
Lyme Disease	Strep Infections	Convulsions	Asthma* Otitis Media
Mononucleosis	Urinary Infections	Diabetes	Otitis Media
Contagious Diseases (Indic	cate Date):		
Operations and/or Severe I	njuries:		
Operations and/or Severe I Measles Rubella	Chicken Pox	Mumps	Other
PHYSICAL EXAMINAT			
Date of Examination:	Height:	Weight:_	BP:
TEETH, MOUTH			MANTOUX**
SKIN	EARS		NUTRITION
EYES	LUNGS		EXTREMITIES
NOSE	ABDOMEN		FEET
HEAD, NECK	GENITO-URINARY		SPINE
LYMPH GLANDS	HERNIA		COORDINATION
THYROID	NERVOUS SYSTEM	· ·	
VISION: R L	results with correct	ion of glasses or co	ntacts? YES or NO
HEARING: (if done) R: F			
*Students with asthma require a Stu **Tuberculosis testing is required if	ident Asthma Treatment Plan (N.J.S. a student is from a high risk area.	A. 18A:40-12.8)	
If the child is on medication	n. please give details:		
	,1 0		
Are there any physical rest	rictions?		
Do you have any further co	mments or recommendation	ons concerning the	child's physical or emotiona
		_	
health which may affect sci	nool adjustment?		
Signature of Physician:			
Physician's Name:			
	Phone No		