

FLORHAM PARK PUBLIC SCHOOLS
BRIARWOOD SCHOOL/HEALTH OFFICE
150-A Briarwood Road
Florham Park, New Jersey 07932

Phone: (973) 822-3884 x 203

Fax: (973) 822-0289

PHYSICAL EXAMINATION FORM: NEW STUDENTS

Name: _____ Grade: _____ Birth Date: _____
Last First Middle

Address: _____ Phone: _____

MEDICAL HISTORY

Birth Weight: _____ Developmental Disabilities: _____

Interventions: _____

Indicate dates and results of any of the following evaluations:

Vision: _____ Speech: _____ Hearing: _____

Spine for Scoliosis: _____ Other: _____

Allergies _____ Hepatitis _____ Pneumonia _____ Asthma _____

Lyme Disease _____ Strep Infections _____ Convulsions _____

Mononucleosis _____ Urinary Infections _____ Diabetes _____ Otitis Media _____

Operations and/or Severe Injuries: _____

Contagious Diseases (Indicate Date):

Measles _____ Rubella _____ Chicken Pox _____ Mumps _____ Other _____

PHYSICAL EXAMINATION

Date of Examination: _____ Height: _____ Weight: _____ BP: _____

TEETH, MOUTH _____ HEART _____ MANTOUX _____

SKIN _____ EARS R _____ L _____ NUTRITION _____

EYES R _____ L _____ LUNGS _____ EXTREMITIES _____

NOSE _____ ABDOMEN _____ FEET _____

HEAD, NECK _____ GENITO-URINARY _____ SPINE _____

LYMPH GLANDS _____ HERNIA _____ COORDINATION _____

THYROID _____ NERVOUS SYSTEM _____

If the child is on medication, please give details:

Are there any physical restrictions?

Do you have any further comments or recommendations concerning the child's physical or emotional health which may affect school adjustment? _____

Signature of Physician: _____

Physician's Name: _____

Address: _____ Phone No. _____

A faxed copy of this form can be temporarily accepted, the signed original form must follow within 7 days.