## NEPTUNE TOWNSHIP PUBLIC SCHOOL SYSTEM
## SCHOOL HEALTH EXAMINATION

Student's Name _____ Grade/Homeroom _____
Address _____ Date of Birth _____
_____ Telephone No. _____

Name of Parent or Guardian *(circle)*

---

**IMMUNIZATION DATES**

DPT _____ _____ _____ _____
_____ _____ _____ _____
Polio _____ _____ _____ _____
_____ _____ _____ _____
MMR _____ _____ MMR titer results _____
HIB _____ _____ _____ _____
Hepatitis B _____ _____ _____ _____
Flu Vaccine** _____ Pneumococcal (PCV) _____
Meningococcal Vaccine _____
Varicella _____ _____
T.B. _____
Result of TB Test _____ mm _____; Chest Xray Date _____ ; INH Therapy _____

**PAST DISEASE HISTORY** *(circle)*

Allergies (Type): _____ Hepatitis
Asthma Lyme Disease
Bronchitis Orthopedic Injuries
Chicken Pox: date _____ Otitis Media
Convulsive Disorder Pneumonia
Diabetes Strep Inf/Scarlet fever
Frequent Colds Hospitalization: Reason _____
Heart Disease Surgery: Reason: _____
Fainting/Syncope Shortness of Breath
Other _____

**Pneumococcal (PCV) _____

**The annual flu vaccine is intended for Pre-school students only and must be given between September and December.

---

**PHYSICIAN'S EXAMINATION**

Code to be used by physicians: **N** - No Abnormality **XX** - Abnormality

---

Height _____ Weight _____ BP _____ Pulse _____

Eyes _____
Visual Acuity: R 20/___ L 20/___
Ears _____
Nose _____
Throat _____
Glands _____
Nutrition _____

Posture _____
Feet _____
Spine _____
Hernia _____
Genitalia _____
Abdomen _____
Heart

Murmur _____
Rhythm _____
Rate _____
Lungs _____
Urine _____
Skin _____

---

**General Condition** (Please note you must indicate any restrictions for students with a heart murmur/Asthma/Convulsive Disorder).:

Fitness for
Physical Education: Full Activity _____ Limitations or Restrictions _____

Recommendations for school:

Date: _____ 20___ Examining Physician _____
*(print or type name)*
Examining Physician _____
*(signature)*

***Revised February 2012***