## FLORHAM PARK PUBLIC SCHOOLS BRIARWOOD SCHOOL/HEALTH OFFICE

151 Briarwood Road Florham Park, New Jersey 07932

Phone: (973) 822-3884 x 3002

Fax: (973) 822-0289

## PHYSICAL EXAMINATION FORM: All STUDENTS

Name:				Grade: B	irth Date:	
Address:	Last	First	Middle	Pho	one:	
MEDICAL	HISTORY					
Birth Weight: Developmental Disabilities:						
Interventions:						
Indicate dates and results of any of the following evaluations:						
Vision: Speech: Hearing:						
Spine for Scoliosis: Other: Other: Allergies Pneumonia Asthma						
Allergies		Hepatitis		Pneumonia	Asthma	
Lyme Diseas	Lyme Disease Str		ections _	Convulsions		
Mononucleo	sis	Urinary I	nfections	Diabetes	Otitis Media	
Operations and/or Severe Injuries:						
Contagious Diseases (Indicate Date):  Measles Rubella Chicken Pox Mumps Other						
wieasies	Rubell	a Cl	nicken Pox	Mumps	Other	
PHYSICAL EXAMINATION						
Date of Exam	nination:		Height:	Weight:	RP·	
TEETH, MO	OUTH	HEART			BP:	
SKIN		EARS	R	L	NUTRITION	
EYES R	L	LUNGS			FYTREMITIES	
NOSE		ABDOM	EN		FEETSPINE	
HEAD, NEC	K	GENITO	-URINARY _		SPINE	
LYMPH GL.	ANDS	HERNIA	·		COORDINATION	
THYROID_		NERVO	US 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.

Revised: 1/16