Boonton Township School District
Rockaway Valley School

PHYSICAL EXAMINATION RECORD

Name______________________________ **Age**________ **Grade**_________

Date of Birth______________________ **Family Physician/Pediatrician**______________________

Medical History____

Injuries within last year____

Height____________________

Weight____________________

Blood Pressure_____________

Pulse______________________

Vision_____________________

Hearing___________________

Throat___________________

Extremities________________

Skin____________________

Head____________________

Eyes____________________

Ears____________________

Mouth__________________

Neck____________________

Abdomen________________

Hernia___________________

Heart____________________________

Murmur__________________________

Rhythm__________________________

Lungs/Chest______________________

Teeth_____________________________

Neurological Assessment________________________

Physical Maturation________________________

Spine_____________________________

Immunizations given today____

Do you recommend modifications in this child's program?______________________________

Are there any factors that you observed that might adversely affect academic progress?________________________

____

Is the student cleared to participate in all activities without restrictions? **Yes** ___________ **No** ____________

If no, please explain: ____

____
Physician's Signature

____
Date Exam Completed

Please Stamp:

IMMUNIZATION RECORD

DPT __________, __________, __________, __________, __________

Tdap __________

Polio__________, __________, __________, __________

Measles, Mumps, Rubella __________, ___________

HIB__________, __________, __________, _________

Hepatitis B ___________, ___________, ___________

Chicken Pox ____________, ____________

Pneumococcal Conjugate ____________, ____________

Meningococcal Vaccine_______________

Influenza______________

Hepatitis A__________ __________

Other _______________________

Tuberculin Screening (Mantoux Test): Date tested_____________ Date Read ___________________

Result_________________

Lead Screening: Date ______________

Result: ___________________________

Other ____

Revised 5/16