

EAST AMWELL TOWNSHIP SCHOOL

43 Wertsville Road, P. O. Box 680

Ringoes, New Jersey 08551-0135

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#89
(Revised 8/2021)

Health Examination Record
(To Be Completed by Physician)

Name: _____ DOB: _____ Age: _____ Grade: _____

Height _____ Weight _____ Blood Pressure _____

Vision: R _____ L _____ B _____ With glasses: R _____ L _____ B _____ Hearing: R _____ L _____

Ears/nose/throat: _____

Orthopedic: _____

(include Scoliosis)

Teeth/mouth: _____

Abdomen: _____

Thyroid/lymph nodes: _____

Genito/Urinary: _____

Lungs: _____

Speech: _____

Heart: _____

Physical Development: _____

Skin: _____

General Health: _____

Nervous system: _____

Nutrition: _____

TB test date: _____ Result: _____

Allergies: _____

Medications: _____

Recommendations: _____

Approved for full participation in school and sports program: Yes: _____ No: _____

PLEASE ATTACH IMMUNIZATION RECORD

Physician's Signature

Date of Exam

Office Stamp