

**Colonial Road School  
749 Colonial Road Franklin Lakes, N.J. 07417**

**STUDENT PHYSICAL EXAMINATION**

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SEX M \_\_\_ F \_\_\_

ADDRESS \_\_\_\_\_

DATE OF EXAM \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_

SKIN \_\_\_\_\_ SCALP \_\_\_\_\_ EARS RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

NOSE \_\_\_\_\_ THROAT \_\_\_\_\_ TEETH \_\_\_\_\_ GLANDS \_\_\_\_\_

HEART \_\_\_\_\_ LUNGS \_\_\_\_\_ HERNIA \_\_\_\_\_ SPINE \_\_\_\_\_

FEET \_\_\_\_\_ JOINTS \_\_\_\_\_ EYES/VISION RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

**PAST HISTORY**

**AGE**

CHICKEN POX	_____	_____
GERMAN MEASLES	_____	_____
MEASLES	_____	_____
MUMPS	_____	_____
SCARLET FEVER	_____	_____
PNEUMONIA	_____	_____
OTITIS MEDIA	_____	_____
TONSILLITIS	_____	_____
TUBERCULOSIS/INH	_____	_____
CONVULSIVE DISORDER	_____	_____
NEUROMUSCULAR DISORDER	_____	_____
CONGENITAL ABNORMALITIES	_____	_____
RHEUMATIC FEVER	_____	_____
DIABETES	_____	_____
HEART DISEASE	_____	_____
STREP INFECTIONS	_____	_____
ASTHMA	_____	_____
ALLERGIES	_____	_____
_____	_____	_____
_____	_____	_____
LYME DISEASE	_____	_____
MONONUCLEOSIS	_____	_____
HIV VIRUS	_____	_____
OTHER	_____	_____
_____	_____	_____
INJURIES	_____	_____
_____	_____	_____
_____	_____	_____
SURGERY	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IMMUNIZATION RECORD**

DPT \_\_\_\_\_

POLIO \_\_\_\_\_

MMR \_\_\_\_\_

MEASLES \_\_\_\_\_

MUMPS \_\_\_\_\_

RUBELLA \_\_\_\_\_

HIB \_\_\_\_\_

PNEUMOCOCCAL \_\_\_\_\_

HBV \_\_\_\_\_

VARICELLA \_\_\_\_\_

INFLUENZA \_\_\_\_\_

MENACTRA \_\_\_\_\_

TB SCREENING SPECIFY MANTOUX/TINE

TYPE \_\_\_\_\_ DATE \_\_\_\_\_ RESULT \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

(PLEASE PRINT)

PHYSICIAN'S PHONE NUMBER \_\_\_\_\_