North Haledon School District

Memorial School
201 Squaw Brook Road
North Haledon, NJ 07508
Tel: 973-427-8993
Fax: 973-423-1514

High Mountain School
515 High Mountain Road
North Haledon, NJ 07508
Tel: 973-427-1220
Fax: 973-427-7685

HEALTH EXAMINATION

Date Examined________________

Pupil_________________________d.o.b.______________School/Gr.____________________

IMMUNIZATION DATES

DPT________ ________ ________
Polio________ ________ ________
Hib/Prohibit________ ________ ________
MMR________ ________
Hepatitis B________ ________ ________
Varicella________ ________
Influenza________ ________ ________ ________
Hepatitis A________ ________ ________

DPT/DT________ ________ ________
Polio________ ________
Hib/Prohibit________ ________
Tetanus________
Gardisil________ ________ ________
Pneumococcal________ ________ ________
Meningococcal________

Tuberculin Test:________ Result:________
Mantoux (only if required):________ Result:________ X-Ray date:_________

EXAMINATION REVEALS THE FOLLOWING SIGNIFICANT FINDINGS:

Height___________________
Hemoglobin______________
Nutrition________________
Skin____________________
Eyes____________________
Ears____________________
Nose___________________

Weight__________________
B/P_____________________ Urinalysis______________
Throat__________________Abdomen______________
Glands__________________Genito-urinary__________
Heart___________________ Hernia_________________
Lungs___________________Orthopedic_____________

ALLERGIES___________________________

OPERATIONS(dates)_________________
____

INJURIES (dates)_____________________

ILLNESSES (dates) __________________

********SCOLIOSIS SCREENING********
Ages 10-18- Results_________________
****

Please complete other side!

Health Examination Continued:

Supplemental Information-MUST BE COMPLETED

1. **History of syncope, concussion, skull fracture?** Yes_____No_____
2. **Serious visual defect or loss of vision in eye/eyes?** Yes_____No_____
3. **Hernia, Hydrocele or loss of one kidney or testicle?** Yes_____No_____
4. **Previous joint injuries not healed or repaired?** Yes_____No_____

General physical and emotional status____

Does this pupil take any medication regularly? NO_____YES_____ If yes complete below:

Purpose of medication (Diagnosis)_______________________________________

Medication_________________________**Dosage**____________________

When is medication administered?________________________________

Possible side effects of medication________________________________

____

RECOMMENDATIONS FOR ANY ADJUSTMENT IN SCHOOL PROGRAM SHOULD BE NOTED BELOW:

___________________________________ **IS IN** ____________________________**condition and may safely engage in all usual activities, except as noted:**

____

Physician's Signature

____

Physician's Stamp/Address/Phone#