WEST MILFORD TOWNSHIP PUBLIC SCHOOLS STUDENT PHYSICAL EXAMINATION

		BIRTH DATE		Date of Exam		
JAME				GRADESEX_MF		
ADDRESS				HEIGHT	WEIGHT	
EARS	EYES			THYROID		
NOSE	THROAT	TEETH/MOUTH		HEART_		
UNGS_	ABDOME	N	HER	NIA		
					STURE_	
					SPEECH	
				NCE		
	HEARING R				. L	
		L				
"CODE: N-Normal	x-ineeds Attention				accine and types given below to the NJDOH.	
PACT		the DPT and Polio sections. It is required by the NJDOH. IMMUNIZATION RECORD				
DISEASE	HISTORY AGE			_	Month/Day/Year)	
DIOLAGE	AGL		VACCINE (Date Given	
Chicken Pox			DT DTP Dta	nn 1	Date Given	
German Measles			DT DTP Dta			
Measles		_	DT DTP Dta			
Mumps			DT DTP Dta	•		
Strep Infections			DT DTP Dta	ap 5		
MRSA		_	TDAP			
Pneumonia			OPV IPV 1			
Asthma			OPV IPV 2			
Tuberculosis or Cor		OPV IPV 3				
Otitis Media		OPV IPV 4				
Heart Disease		MMR 1				
Epilepsy/Seizure Disorder			MMR 2			
Congenital Defect			HIB 1			
Rheumatic Fever			HIB 2			
Lyme Disease		HIB 3				
Lead Poisoning		HIB 4				
Allergies: Foods		HEP B 1				
Poller		HEP B 2				
Medic		HEP B 3				
Injuries:			VARICELLA 1			
Surgen/:		VARICELLA		IGATE		
Surgery:			PNEUMOCOCCAL CONJUGATE INFLUENZA			
Hospitalizations:		-	T. E MENACTRA			
. 100pitalizations.		GARDISIL				
Comments:		HEP A 1				
John Morito.			HEP A 2			
Mantoux/TB Test Date Adm.		Physician's Signature				
	Results:		Phone No.:			
			Date:			

Print or Stamp M.D. name: