

WEST LONG BRANCH PUBLIC SCHOOLS  
BETTY McELMON ELEMENTARY  
FRANK ANTONIDES SCHOOL

HEALTH EXAMINATION AND MEDICAL REPORT

Date of Examination: \_\_\_\_\_

Name of Pupil: \_\_\_\_\_

(Last)

(First)

Address: \_\_\_\_\_

1. Significant history (rheumatic history, chorea, tuberculosis, diabetes, epilepsy, allergy, operations, etc.) Give dates, if possible: \_\_\_\_\_

2. Has pupil any visual or hearing disability? \_\_\_\_\_

3. Has pupil any condition needing medical attention? \_\_\_\_\_

Neck \_\_\_\_\_ Heart \_\_\_\_\_

Eyes \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Ears \_\_\_\_\_ Lungs \_\_\_\_\_

Nose \_\_\_\_\_ Scoliosis (check after age 10) \_\_\_\_\_

Throat \_\_\_\_\_ Extremities \_\_\_\_\_

Skin \_\_\_\_\_ Hernia \_\_\_\_\_

Glands \_\_\_\_\_ Testes (presence, descent or abnormal masses) \_\_\_\_\_

Abdomen \_\_\_\_\_

A. Recommendations \_\_\_\_\_

B. Has parent arranged with you for the medical attention needed? \_\_\_\_\_

4. Should this pupil have any restrictions of school, physical education, or sports activities? \_\_\_\_\_

5. Please give dates if Immunizations are given:

Polio Vaccine \_\_\_\_\_ DT \_\_\_\_\_

MMR \_\_\_\_\_ Mantoux \_\_\_\_\_ Result \_\_\_\_\_

Hib vaccine \_\_\_\_\_

Hepatitis B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Print or Stamp Physician's Name \_\_\_\_\_

Signature of Examining Physician \_\_\_\_\_

Physician's Address \_\_\_\_\_