#89 (Rev. 12/13)

EAST AMWELL TOWNSHIP SCHOOL
RINGOES, NJ 08551
HEALTH EXAMINATION RECORD
(To be completed by physician with Immunization Record attached)

Date_____ **Name**_____ **Age**_____

Address _____

Date of Birth _____

Height_____

Weight_____

Vision
R_____
L_____

Vision with glasses
R_____
L_____

Ears
R_____
L_____

Hearing_____

Head and Scalp_____

Teeth and Mouth_____

Nose_____

Throat_____

Lymph Nodes_____

Skin_____

Heart_____

Lungs_____

Abdomen_____

Hernia_____

Orthopedic_____

Posture_____

Scoliosis_____

Feet_____

General Health_____
(Good, Fair, Poor)

Physical Development_____
(Thin, normal, obese)

Blood Pressure_____

Speech_____

Nails_____

Deformities_____

1. **May the child participate in a full school program?** **NO**_____**YES**_____
2. **List physical restrictions, if any** _____

_____
DOCTOR'S SIGNATURE (MANDATORY)
Doctor's Stamp or Seal: