

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 _____

Heart _____

Weight _____

Lungs _____

R _____

Abdomen _____

Vision L _____

Hernia _____

R _____

Vision with glasses L _____

Orthopedic _____

R _____

Ears L _____

Posture _____

Hearing _____

Feet _____

Head and Scalp _____

General Health _____
(Good, Fair, Poor)

Teeth and Mouth _____

Physical Development _____
(Thin, normal, obese)

Nose _____

Blood Pressure _____

Throat _____

Speech _____

Lymph Nodes _____

Nails _____

Skin _____

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: