Delaware Township School
PO Box 1000 – Sergeantsville, NJ 08557
Phone (609) 397-3179

# Health Examination Record
(To Be Completed by Physician)

Date_____ Name_____ Age_____ Grade_____

Height_____ Weight_____ Blood Pressure _____

Vision: R _____ L _____

Vision with glasses: R _____ L _____

Ears

Hearing: R _____ L _____

Teeth-mouth

Nose

Throat

Thyroid

Lymph Nodes

Skin

Heart

Lungs

Orthopedic
(includes Scoliosis)

Feet

General Health

Physical Development

Speech

Deformities

Hernia

Genito/Urinary

Abdomen

Approved for full participation in school and sports program: Yes ____ No ____

## Immunization Record

DPT
Polio
MMR
HIB-C
Hepatitis B
Varivax
TB Date: Results:

_____ _____
Physician's Signature Date