MONTAGUE ELEMENTARY SCHOOL
475 Route 206N * Montague, NJ 07827 * Phone (973) 293-7131 * Fax (973) 293-3391

PHYSICAL EXAMINATION – To be completed by a medical doctor

Name _____ DOB _____ Grade _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Significant Medical History: _____

_____

_____

Allergies: Insects Food Environmental _____

_____

Vision Screening _____ **Hearing Screening** _____

Examination Findings

Ears _____ Abdomen _____

Eyes _____ Hernia _____

Nose _____ Scoliosis _____

Throat _____ Skin _____

Heart _____ General Appearance _____

Lungs _____ Neurological _____

Other _____

Summary of Findings

_____

_____

Immunization History: M/D/YY (OR PLEASE ATTACH IMMUN. RECORD)

DPT	_____	Trivalent Polio	_____	Measles	_____
	_____		_____	MMR	_____
	_____		_____		_____
	_____		_____		
Booster	_____	Booster	_____	Hepatitis B	_____
Varicella	_____	H.I.B.	_____		_____
			_____		_____
			_____		

_____ _____

Physician Signature Date of Exam