

**SOUTH PLAINFIELD PUBLIC SCHOOLS**  
**MEDICAL RECORD FORM**  
**POLICY 5141.3**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Speech \_\_\_\_\_ Nutrition \_\_\_\_\_

Nose \_\_\_\_\_ Throat \_\_\_\_\_ Teeth/Mouth \_\_\_\_\_ Ears \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Skin \_\_\_\_\_ Eyes \_\_\_\_\_

BP \_\_\_\_\_

Orthopedic: Structural \_\_\_\_\_ Posture \_\_\_\_\_ Feet \_\_\_\_\_

Nervous System \_\_\_\_\_ Thyroid \_\_\_\_\_ Abdomen \_\_\_\_\_

Genitals \_\_\_\_\_ Hernia \_\_\_\_\_

Vision: R \_\_\_\_\_ L \_\_\_\_\_

Vision with Glasses: R \_\_\_\_\_ L \_\_\_\_\_

Hearing: R \_\_\_\_\_ L \_\_\_\_\_

<b>Disease History</b>	<b>Year</b>	<b>Disease History</b>	<b>Year</b>	<b>Disease History</b>	<b>Year</b>
Allergies:		Drug Sensitivities:		Strep Infections:	
Asthma:		Chicken Pox:		Rheumatic Fever:	
Otitis Media:		Lyme Disease:		Mono-Nucleosis:	
Heart Disease:		Hepatitis:		Diabetes:	
Neuromuscular Disorders:		Congenital Disorders:		Convulsive Disorders:	
Other:		Other:		Other:	

Operations: \_\_\_\_\_ Date: \_\_\_\_\_

Record of REQUIRED immunizations (as of September 1, 1991, Chapter 14 of the N.J. State Sanitary Code: Immunization of Pupils in Schools and Child Care Centers)

Vaccine Type	Disease Date Mo./Day/Yr.	1 <sup>st</sup> Dose Mo./Day/Yr.	2 <sup>nd</sup> Dose Mo./Day/Yr.	3 <sup>rd</sup> Dose Mo./Day/Yr.	4 <sup>th</sup> Dose Mo./Day/Yr.	5 <sup>th</sup> Dose Mo./Day/Yr.	Mo./Day/Yr.
Diphtheria Tetanus Pertussis (DPT) if TD or DT indicate as such in approp. box							
Polio-Oral Polio Vaccine (OPV), if Salk Vaccine indicate IPV in proper box							
Measles Mumps Rubella MMR							
Measles					Or Measles Serology	Date:	Titer:
Rubella					Or Rubella Serology	Date:	Titer:
Mumps					Or Mumps Serology	Date:	Titer:
Additional							
Haemophilus B HIB							
Hepatitis B Vaccine							
Varicella Vaccine							
Mantoux	Date:	Results:	Chest X-ray:	Date:	Results:	Medication Therapy:	

Mantoux may be required when student comes from another country or certain states and towns.

REQUIRED MEDICAL EXEMPTION

\_\_\_\_\_ Medical Exemption Attached

\_\_\_\_\_ Religious Exemption Attached

General Medical Conditions: \_\_\_\_\_

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\_\_\_\_\_  
Physician's Name & Stamp

\_\_\_\_\_  
Physician's Signature

Address \_\_\_\_\_

Date of Exam \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_