

RAMAPO INDIAN HILLS REGIONAL HIGH SCHOOL DISTRICT
Oakland, New Jersey 07436

HEALTH AND PHYSICAL EXAMINATION FORM

To be Filled In by Medical Examiner: _____ Date of Examination: _____

_____ Male
(Print) Last name First Female Date of Birth

_____ Street Address
_____ Town State Zip Code Telephone number

Health History: Have you ever had any of the following conditions?

Asthma _____	Nervous Stomach _____
Kidney _____	Rheumatic Fever _____
Syphilis _____	Muscular Disease _____
Gonorrhea _____	Psychiatric Disorder _____
Diabetes _____	Cardiovascular Disease _____
Gastrointestinal Ulcer _____	Head or Spinal Injuries _____
Seizures or fainting _____	Extensive Confinement by Illness or Injury _____
Any other nervous disorder _____	Suffering from Any Other Disease _____
Permanent Defect from Illness, Disease or Injury _____	
Tuberculosis _____	

If answer yes to any of the above, explain: _____

Vision: General appearance & development: Good Fair Poor
For Distance: Right 20/ _____ Left: 20/ _____ Both: 20/ _____ w/o corrective lenses
 with corrective lenses
Evidence of disease or injury: Right Left Color Test
Horizontal Field Test: Right Left

Hearing: Right Ear _____ Left Ear _____ Disease Injury _____
Audiometric Test (if audiometer is used to test hearing) Decibel loss at:
500htz _____ 1,000htz _____ 2,000htz _____ 4,000htz _____

Throat: Heart _____
If organic disease is present is fully compensated? _____

Blood Pressure: Systolic _____ Diastolic _____ Pulse: Before Exercise _____ After Exercise _____

Lungs: _____

Abdomen: Scars _____ Abnormal Masses: _____ Tenderness _____

Hernia: Yes _____ No _____ If so, where? _____ Is truss worn? _____

Gastrointestinal: Ulceration or other diseases: Yes _____ No _____

Genito-Urinary: Scars: _____ Urethral Discharge: _____

Reflexes: Rhomberg _____

Pupillary _____ Light: R _____ L _____

Accommodation: Right: _____ Left: _____

Knee Jerks: Right: Normal _____ Increased _____ Absent _____

Left: Normal _____ Increased _____ Absent _____

Remarks: _____

Extremities: Upper: _____ Lower: _____ Spine: _____

Laboratory & other special findings:

Urine: Spec. Gr. _____ Alb. _____ Sugar: _____

Other laboratory Data (Serology, etc.) _____

Radiological Data: _____ Electrocardiograph: _____

Controlled Substance Testing: Results of controlled substances test performed: Attached

Mantoux Testing: Negative Positive If positive: _____ %

General Comments: _____

Name of Medical Examiner (Print) _____ Signature _____

Address of Medical Examiner _____