

CRESSKILL PUBLIC SCHOOLS MEDICAL FORM

Name (Last) (First) Address Date of Exam

Birth Date Parent's Name Home Phone Number

IMMUNIZATION DOCUMENTATION

Grade: Age:

VACCINE TYPE	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	LEAD SCREENING	
						Test Date	Result
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination * (If Td or DT, indicate in corner box)							
Tdap							
POLIO - INACTIVATED POLIO VACCINE (IPV) If oral vaccine, indicate (OPV) in corner box							
MEASLES, MUMPS, RUBELLA (MMR)						Document below single antigen vaccine receipt, serology titers, or varicella disease history	
HAEMOPHILUS B (HIB)**							
HEPATITIS B						Hepatitis B	Date: Titer:
VARICELLA						Varicella	Date: Titer:
PNEUMOCOCCAL CONJUGATE **						Measles	Date: Titer:
MENINGOCOCCAL						Mumps	Date: Titer:
HEPATITIS A ***						Rubella	Date: Titer:
HPV (HUMAN PAPILLOMAVIRUS) ***							
OTHER							

☐ Provisional admission attached-Date Granted:

☐ Medical exemption attached

☐ Religious exemption attached

HISTORY	YEAR	HISTORY	YEAR	HISTORY	YEAR	HISTORY	YEAR
ALLERGIES		DRUG ALLERGIES		NEUROMUSC DISORDER		AUTISM SPECTRUM DISORDERS	
ASTHMA		HEART DISEASE		CHRONIC OTITIS MEDIA		HEMATOLOGICAL DISORDERS	
CONGENITAL DISORDER		HEPATITIS		AUTO IMMUNE DISORDERS		OPERATIONS OR INJURIES	
CONVULSIVE DISORDER		LYME DISEASE		STREP INFECTIONS			
DIABETES		MONONUCLEOSIS		JUVENILE RHEUMATOID ARTHRITIS			

TB SCREENING (MANTOUX TEST)

Date Planted: Date Read: Results: Comments:

PHYSICAL EXAM:

Height. Weight. BP.

Eyes: R 20/ L 20/ Hearing: R L

Respiratory: Cardiovascular:

Abdomen: Genitalia:

Musculoskeletal: Skin:

Neurological: Other:

Previous Hospitalization Yes No If Yes, Please describe

Chronic Illness:

Comments:

RECOMMENDATIONS:

Yes No

- Any conditions limiting classroom activity, physical education? Yes No
- Any condition, which may result in a classroom emergency? Yes No
- Any emotional, mental or physical condition requiring periodic medical observation? Yes No

Physicians Signature/Stamp/Address

Phone Number