

**OCEANPORT SCHOOL DISTRICT**  
**Oceanport, NJ 07757**  
**MEDICAL EXAM FORM**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Vision Test Rt.20/ \_\_\_\_\_ Lt.20/ \_\_\_\_\_ Glasses Y / N      Contacts Y / N

Audiometric Test: \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse Rate: \_\_\_\_\_

	<u>Normal</u>	<u>Abnormal</u>	<u>Comment</u>
Eyes	_____	_____	_____
Ears	_____	_____	_____
Nose	_____	_____	_____
Throat	_____	_____	_____
Skin	_____	_____	_____
Neck	_____	_____	_____
Lungs	_____	_____	_____
Heart	_____	_____	_____
Abdomen	_____	_____	_____
Hernia	_____	_____	_____
Spleen	_____	_____	_____
Liver	_____	_____	_____
Genitalia	_____	_____	_____
Male Testes	_____	_____	_____
Female	_____	_____	_____
Menstruation	_____	_____	_____
Tanner Classification	_____	_____	_____
Scoliosis Screen	_____	_____	_____
Extremities	_____	_____	_____

DPT \_\_\_\_\_

Polio \_\_\_\_\_

MMR #1 \_\_\_\_\_ #2 \_\_\_\_\_

Hepatitis A Series #1 \_\_\_\_\_ #2 \_\_\_\_\_

Hepatitis B Series #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3: \_\_\_\_\_

Haemophilus B (HIB) \_\_\_\_\_ Mantoux \_\_\_\_\_

Varicella (Chicken Pox) \_\_\_\_\_ Pneumococcal Conjugate (PCY) \_\_\_\_\_

Influenza Vaccine \_\_\_\_\_ Meningococcal Vaccine \_\_\_\_\_

Other \_\_\_\_\_

Physician's Recommendations: \_\_\_\_\_

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

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