

St. Stanislaus Kostka School
221 MacArthur Avenue
Sayreville, NJ 08872

Tel: 732-254-5819

Fax: 732-254-7220

PLEASE SEND TO SCHOOL AS SOON AS POSSIBLE

HISTORY AND PHYSICAL EXAMINATION: MUST BE COMPLETED BY A PHYSICIAN

Student's Name _____ **DOB** _____ **Grade** _____

Dear Doctor:

On the basis of your examination, please provide the following information necessary for the student's educational progress and physical activities at school.

Past Medical History

Heart disease _____ Rheumatic Fever _____ Convulsive disease _____

Diabetes _____ Allergies _____ Athsma _____

Surgeries _____ Date _____ Major Accidents _____

Other significant illnesses _____

Developmental/Behavioral Health concerns _____

Emergency Plans that might be needed and signs and symptoms to watch for: _____

(Please attach Asthma/anaphylaxis action plan forms if needed)

Physical Examination

Height _____ weight _____ Blood Pressure _____ Pulse _____

Vision: R _____ L _____ Hearing: R _____ L _____

Nose _____ Throat _____ Lymph Glands _____

Lungs _____ Abdomen _____ Scoliosis _____ Genito-Urinary _____

TB (please do only if student returned from a TB prevalent country): Test date _____ Date read _____ Results _____

Lead Screening: Test Date _____ Results _____ Hgb/Hct _____

Other findings and recommendations _____

Any physical limitation/activity restrictions? _____

Physician's Name (please print) _____

Physician's signature _____ **Office stamp required here**

Date of physical Examination _____

Please attach a copy of updated immunization records