

Grades 1-8 Health Form

Saint Aloysius School Health Office

935 Bennetts Mills Road, Jackson, NJ 08527 - Telephone: 732-370-1515 Fax: 732-370-3555

Student Name _____ Grade _____ Date of Birth _____

Address _____

Parent/Guardian _____ Phone No. _____

In order for your child to enter Saint Aloysius School, a physical exam and proof of the following inoculations must be submitted to the Health Office.

5 doses of DPT (Diphtheria, Pertussis, Tetanus)

3 doses of Hep. B (Hepatitis B)

1 dose of Hib

4 doses of OPV or IPV (Polio Vaccine)

2 doses of MMR (Measles, Mumps, Rubella)

1 dose Varivax

D.P.T. 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

O.P.V. 1. _____ 2. _____ 3. _____ 4. _____

Hep. B 1. _____ 2. _____ 3. _____

M.M.R. 1. _____ 2. _____

Hib 1. _____

Varivax 1. _____

Disease History (include dates)

Allergies _____

Lyme Disease _____

Otitis Media _____

Neuromuscular Disease _____

Hepatitis _____

Chicken Pox _____

Mononucleosis _____

Convulsive Disorder _____

Asthma _____

Diabetes _____

Heart Disease _____

Others _____

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Legend: N = normal X = abnormal NE = not examined

Eyes _____ Ears _____ Nose _____ Throat _____ Teeth _____

Neck _____ Lungs _____ Heart _____ Chest _____ Liver _____

Spleen _____ Spine _____ Abdomen _____ General body build _____

Joint Function:

Neck _____ Shoulders _____ Elbows _____ Wrists _____ Hands _____

Hips _____ Knees _____ Ankles _____ Feet _____ Hernia _____

Neurological _____

Operations or injuries during the past year _____

Vision with glasses Right _____ Left _____ without glasses Right _____ Left _____

Hearing Sweep Check Right _____ Left _____ or Pure Tone Right _____ Left _____

Any Problems with Speech? _____

I certify that I have examined this student as indicated and find him/her physically fit to participate in all supervised activities at St. Aloysius School.

Physician's signature _____

Physician's printed signature _____

Physician's Examination Date _____

Please stamp above

PLEASE RETURN THE COMPLETED FORM TO THE SCHOOL NURSE AS SOON AS POSSIBLE.