

RIDGEWOOD PUBLIC SCHOOLS
Health Services

Dear Parent:

In accordance with the New Jersey State Department of Education and the Ridgewood Board of Education, it is recommended that students in the **fifth (5th), eighth (8th), and eleventh (11th) grades** have a physical examination by their healthcare provider. Students must comply with all immunization requirements. Failure to comply will result in exclusion. The physical examination forms may be requested from the health office, the main office or on the school's website under Health Office. Following the examination, completed forms should be returned to the health office. Please complete both sides of this form and return it to the school nurse so as to update student school health records. Thank you.

Superintendent of Schools

Supplemental Health History

Student's Name _____ School _____ H.R. or Grade _____

- Since the last required physical, has your child had any medical examinations by medical specialists, i.e. neurologist, dentist, ophthalmologist, urologist, orthopedist, or others?
Yes _____ No. _____ If yes, specify type and name of specialist and reason or concern and/or findings.

- Since the last required physical, has your child been hospitalized? Yes _____ No. _____
If yes, specify for what condition and treating physician.

- Since the last required physical, has your child had any serious illnesses, operations, or injuries?
Yes _____ No. _____. If yes, explain _____

- Since the last required physical, has your child received any of the following immunizations? If so, indicate the date (month, day, year).

DT Booster _____ Tetanus _____ Oral Polio _____ Rubella _____ Varicella _____

Rubeola _____ Mumps Vaccine _____ Hepatitis _____ Other _____

- Has your child had a vision/hearing test? Yes _____ No _____

If yes, please specify date and results of testing. _____

Over →

- Does your child wear glasses, contact, hearing aides? Yes_____ No _____.

Specify: _____

- Is your child currently receiving medication? Yes_____ No _____. If yes, indicate name of medication(s) _____, dose _____, frequency _____ reason_____, prescribing medical doctor _____
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- Does your child have any health condition of which we should be aware (i.e. allergies, asthma, etc.)? Yes_____ No_____. If yes, please specify. _____
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- Is your child currently under treatments for a spinal condition? Yes_____ No_____. If yes, please specify condition and treating physician. _____
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- Please complete: Date of last medical examination. _____ Reason. _____ Examining Physician: _____ Findings: _____
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Please indicate your child's present healthcare provider:

Name: _____

Address: _____

Phone No. _____

Signature of Parent or Legal Guardian

Date

Physical examination forms may be requested through the health or main office for completion following the recommended examination.