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, eighth, and eleventh grades have a physical examination by their healthcare provider. Students must comply with all immunization requirements. Failure to comply will result in exclusion.

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 you 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 _____

- Does your child have any health condition of which we should be aware (i.e. allergies, asthma, etc.)?

  Yes_____ No_____. If yes, please specify. _____

- Is your child currently under treatments for a spinal condition? Yes_____ No_____.
  If yes, please specify condition and treating physician. _____

  _____

- Please complete: Date of last medical examination. _____

  Reason. _____

  Examining Physician: _____ Findings: _____

  _____

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.

Please complete and return this form to the school nurse as soon as possible.

Revised: 1/04