

Franklin Borough School
Health Office
50 Washington Ave.
Franklin, NJ 07416
973-827-9775 ext. 219

Physical Examination Form

Student Name: _____ Date: _____

DOB: _____ Height: _____ Weight: _____ Vision: _____

Hearing: _____ Blood Pressure: _____ TPR: _____

Significant Medical History/Allergies:

Nutrition		Ears	
Skin		Heart	
Eyes		Chest	
Teeth		Abdomen	
Gums		Extremities	
Nose		Spine	
Tonsils		Posture	
Adenoids		Hernia	
Goiter		Genitalia	
Lymph Nodes		Deformities	
Allergies		Speech Defects	
Epilepsy		Emotional Problems	
Operations		Behavioral Problems	

DATES OF LAST IMMUNIZATIONS

IMMUNIZATION	DATE
DPT Booster	
Td Booster	
MMR Booster	
Polio Booster	
Hepatitis Booster	
Varicella Booster	

Do you have any recommendations for the school to follow concerning the health status of this child?

 Examining Physician's Signature

 Date