

MIDDLETOWN TOWNSHIP PUBLIC SCHOOLS

Middletown, N.J. 07748

www.middletownk12.org

ROUTINE MEDICAL EXAMINATION FORM

Student's Name _____ Date of Birth _____

Parent's Name _____ Telephone _____

Address _____

School _____

	Normal	Abnormal	Comments
Skin			
Eyes/Sclera/Pupil			
Ears			
Nose			
Throat/Mouth			
Heart/Rhythm			
Lungs/Auscultation/Percussion			
Abdomen/Liver/Spleen			
Blood Pressure & Pulse			
Nervous system			
Hernia			
Orthopedic Defects (Specify)			
Height			
Weight			

Heart Murmur Yes _____ No _____ Restriction Activity _____

Immunization Update _____ Hepatitis B _____

Date of Last TB Mantoux Test _____ Result _____

Physician's Name (Please Print)

Physician's Signature

Date of Examination _____