

Alloway Township School

Medical Form
Scope of Examination

NAME _____

POSITION _____

Height _____

Weight _____

B.P. _____

Pulse _____

Respiration _____

Eyes _____

Ears _____

Nose _____

Throat _____

Heart _____

Lungs _____

Vision Screening:

Without- _____

With Glasses- _____

Hearing Screening:

Mantoux: Up to date? Yes / No

Comments: _____

Record of Immunizations: Obtained? Yes / No _____

Meet Requirements? Yes / No _____

Physicians Signature

Date

School Nurse's Signature

Date

CONFIDENTIAL!

Only the employee herself/himself, the Superintendent, and the School Medical Inspector shall have access to the above information (unless the waiver was signed on the health history form).