



OGDENSBURG BOROUGH BOARD OF EDUCATION
100 Main Street Ogdensburg, NJ 07439



Dave Astor
 Superintendent/Principal

Skye Patete
 Vice Principal

Richard Rennie
 Business Administrator/Board Secretary

Examination Date: _____

STUDENT INFORMATION

Student's Name _____ Date of Birth _____
 Sex: M F (Circle One) . Age: _____ Grade: _____
 Address: _____
 City/State/Zip _____ Home Phone _____
 Parent/Guardian's Full Name: _____

PHYSICIAN INFORMATION

Name: _____ Phone: _____ Fax: _____
 Address _____ City/State/Zip _____

PHYSICIAN OR PROVIDER INFORMATION- PLEASE COMPLETE BOTH SIDES

Height _____ Weight _____ Blood Pressure _____ / _____ Pulse: _____ bpm

Vision: R 20/ _____ L 20/ _____ Hearing: L _____ R _____

Indicators	Normal? (Circle One)		Abnormal Findings/ Comments
	Yes	No	
Head/Neck	Yes	No	
Eyes/Sclera/Pupils	Yes	No	
Ears	Yes	No	
Nose/Mouth/Throat	Yes	No	
Heart Murmurs	Yes	No	
Heart Rhythms	Yes	No	
Lungs: Auscultation/Percussion	Yes	No	
Chest Contour	Yes	No	
Abdomen: Assess. (incl.liver. Spleen)	Yes	No	
Neck/Back/Spine: Range of Motion:	Yes	No	
Scoliosis - - - - -	Yes	No	
Upper Extremities	Yes	No	
Lower Extremities	Yes	No	
Neurological: Balance & Coordination	Yes	No	

(Circle One)

Hx Food Allergies	Yes	No
Hx Asthma	Yes	No
Hx Bee Stings	Yes	No
Hx. Seizures	Yes	No
Most recent immunizations/Dates		
Medications currently being used:		

Additional Observations _____

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

Date

Physician

Physician's/ Provider's Stamp