



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 Yes	No No	
Scoliosis - - - - -	Yes	No	
Upper Extremities	Yes	No	
Lower Extremities	Yes	No	
Neurological: Balance &Coordination	Yes	No	

Indicators	Normal? (Circle One)		Abnormal Findings/ Comments
	Yes	No	
Tandem Walk	Yes	No	Medication
Nose Touch	Yes	No	
Toe Walk	Yes	No	
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 _____

Motor: Sitting, standing, walking: WNL _____ Delays _____

Language: words, sentences WNL _____ Delays _____

Adaptive: fed self, climbed, toilet trained WNL _____ Delays _____

Social: smiled at others: WNL _____ Delays _____

Talked with others WNL _____ Delays _____

Played with others WNL _____ Delays _____

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

Date

Physician

Physician's/Provider's Stamp

