

MARGARET MACE SCHOOL
 1201 Atlantic Avenue, North Wildwood, NJ 08260
 (609) 522-1454 fax (609) 846-1704

Report of Student Medical Examination

This form is to be completed by the student's "medical home" (family physician or advanced practice nurse).

Student's Name: _____ Grade: _____ Sex: _____ Birth date: _____

Physician's Name: _____ Physician's Phone # _____

Medical History (Including allergies, past serious illnesses, injuries, and operations, medications, diabetes, familial disorders and current health problems):

Exam Date: _____

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

Vision:	NEAR	FAR	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
	R 20/ _____	R 20/ _____	Contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No
	L 20/ _____	L 20/ _____	Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No

Hearing:	R _____	[] Pass [] Fail	L _____	[] Pass [] Fail
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	Normal	Abnormal Findings	Comments
Ears (otoscopic)			
Eyes			
Lymph Glands			
Thyroid			
Nose			
Throat			
Teeth-Mouth			
Heart			

Lungs			
Abdomen			
Hernia			
Genito-Urinary			
ORTHOPEDIC			
Structural			
Posture			
Feet			
Skin			
Nutrition			
Nervous System			
Speech			
Other			
General			
Appearance			

PLEASE ATTACH IMMUNIZATION RECORD

Medications Currently in Use

Additional Observations

Are there any modifications required for full participation in school? YES NO

PLEASE SIGN AND DATE

**Examining Physician's/Provider's
Signature:** _____

Date: _____