

Califon Public School

6 School Street, Califon, NJ 07830

Phone: 908-832-2828 Fax: 908-832-6719

To the Examining Healthcare Provider:

In order to insure that the health office has a completed and updated health record for your patient/athlete, please complete the information below, and stamp in the space provided.

Thank you very much for your cooperation.

Medications currently prescribed, with dose and frequency:

Most recent immunizations and DATES administered:

Physician/Provider's Stamp

Date of Exam