RINGWOOD PUBLIC SCHOOLS

Board of Education Office ● 121 Carletondale Road ● Ringwood, New Jersey 07456

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www.ringwoodschools.org

IMMUNIZATIONS / HEALTH RECORD

CHILD'S NAME: _____ DOB: _____

DTP: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

POLIO: 1) _____ 2) _____ 3) _____ 4) _____

MMR (measles, mumps, rubella) 1) _____ 2) _____

HIB: 1) _____ 2) _____ 3) _____

HEPATITIS B: 1) _____ 2) _____ 3) _____

VARICELLA: 1) _____ 2) _____

PCV-7: 1) _____ 2) _____ 3) _____ 4) _____

INFLUENZA VACCINE: 1) _____ 2) _____

HISTORY OF COMMUNICABLE DISEASES: _____

_____

SERIOUS ILLNESS / OPERATIONS AND/OR INJURIES: _____

_____

DATE OF PHYSICAL: _____

HEIGHT: _____ WEIGHT: _____ BLOOD PRESURE: _____

VISION: Right Eye _____ Left Eye _____

HEARING: Right Ear _____ Left Ear _____

HEART: _____ LUNGS: _____ ABDOMEN: _____

EARS: _____ EYES: _____ NOSE: _____ THROAT: _____

SPEECH: _____ TEETH: _____ SKIN: _____

NUTRITION: _____

ALLERGIES: _____

ADDITIONAL INFORMATION: _____

_____

_____ _____ _____

Physician's Stamp Physician's Signature Date

Revised 4/21/16