RED BANK REGIONAL HIGH SCHOOL 101 Ridge Road Little Silver, N.J. 07739

MEDICAL HISTORY

| Student's Last Name | First Middle | DOB | | | |
|--|-----------------------|----------------------|-------------------------------|----------------|-------|
| Address (Number, Street, Town, State, Zip) | | | Phone Number | | |
| Father's Name/Guardian Mother's Name | | Name/Guardian | Guardian Last School Attended | | |
| IS YOUR CHILD SU | UBJECT TO: (Pl | ease circle Yes or N | (o) | | |
| Frequent Colds | Yes - No | Chronic C | - | | |
| Bronchitis | Yes - No | Vision Lo | oss Yes - | No | |
| Freq. Sore Throats | Yes - No | Poor Post | | | |
| Speech Difficulties | Yes - No | | l Prob. Yes - | | |
| Earaches | Yes - No | Weight Pi | roblems Yes - | No | |
| HAS YOUR CHILD | HAD: | | | | |
| Poor Eating Habits | Yes – No | Difficulty | Sleeping | Yes - No | |
| Eye Disease | Yes - No | Eye Injury | y | Yes - No | |
| Head Injury | Yes - No | Eye Glass | ses | | |
| A Severe Fall | Yes - No | Prescribed | f | Yes - No | |
| Hearing Loss | Yes-No | | | | |
| Development: | Age Walked Age | | Age Talked_ | Talked | |
| HAS YOUR CHILD | HAS A HISTORY (| OF: (Please circle | e – give dates) | | |
| Allergies (Med., Food | l., High Fe | ever | Tuber | culosis | |
| Contact, Seasonal, | Hospita | lizations | Measl | les | |
| Insect Bite) | German | Measles (3 days) | Opera | ations: | Date: |
| Asthma (Chronic) | Mononu | ıcleosis | Apper | ndectomy | |
| Chicken Pox | Mumps | | Herni | a Repair | |
| Diabetes | Pneumo | nia | Tonsi | llectomy | |
| Enuresis (bed wetting) | Rheuma | ntic Fever | Ear O | peration | |
| Epilepsy | Scarlet 1 | Fever | Other | | |
| Heart Disease | Tonsilli | tis | Curre | nt Medication: | |
| Hepatitis | Lyme D | | | | _ |
| Hernia | Strep Tl | nroat | | | |
| MY CHILD IS ALLE | RGIC TO INSECT B | ITES: YES | N | IO | |
| Please list other Childle | nood Diseases, accide | nts, problems or me | dical tests: | | |
| | | | | | |
| | | | | | |
| Parent's Signature | | | | Date | |

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PHYSICAL EXAM FORM/NON-SPORTS

| Student's Name | Dat | Date of Birth Telephone | | | |
|---|-------------|-----------------------------------|--|--|--|
| Parent/Guardian | | | | | |
| Address | | | | | |
| | | Normal | Abnormal-Specify | | |
| Skin | | | —————————————————————————————————————— | | |
| Eyes | | | | | |
| Ears | | | | | |
| Nose | | | | | |
| Throat | | | | | |
| Teeth | | | | | |
| Heart | | | | | |
| Lungs | | | | | |
| Abdomen_ | | | | | |
| Blood Pressure & Pulse | | | | | |
| Nervous System | | | | | |
| Hernia | | | | | |
| Orthopedic Defects (Specify) | | | | | |
| Height | | | | | |
| Weight | | | | | |
| Heart Murmur: Yes Tempunization Update: MMR Tempunization Update: Tempunization Update: MMR | Noetanus/DT | Restriction A Hepatitis B Result_ | | | |
| Physician's Name & Stamp (PLEASE PRINT) Date of Exam_ | Γ) | Physician's Signat | ure | | |