



North Caldwell Board of Education

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www.ncboe.org

MEDICAL REPORT

Child's name: _____ Date of birth: _____

Address: _____ Sex: _____

PHYSICAL EXAMINATION

Height: _____ Weight: _____ B/P: _____ Heart: _____

Skin: _____ Lungs: _____

Eyes: _____ Orthopedic: _____

Vision: _____ Right: _____ Left: _____ Posture: _____

Ears: _____ Nutrition: _____

Hearing: _____ Hernia: _____

Nose: _____ Nervous system: _____

Throat: _____ Other: _____

Operations or accidents: _____ Date: _____

Allergies: _____

Communicable diseases: _____ Date: _____

Mantoux date: _____ **Result:** _____

Other medical or emotional problems - Is there any condition which we should know about which would give us a better understanding of the child's general health? Is there any reason for limited physical education? If so, what limitations are advised and for what reasons?

Signature of Family Physician: _____ Date of Examination: _____