

STATE OF NEW JERSEY HEALTH HISTORY AND APPRAISAL

Name of Child (Last, First, M.I.)	Date OF BIRTH (Mo/Day/Yr)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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PARENT OR GUARDIAN	NAME	TELEPHONE NO.
	ADDRESS	NAME OF DOCTOR
	ADDRESS	DOCTOR'S TELEPHONE NO.

VACCINE TYPE	DISEASE DATE	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	Mo/Day/Yr
DIPHTHERIA, TETANUS, PERTUSSIS - DTP <i>*(If DT or Td, indicate in corner box)</i>							
POLIO ORAL POLIO VACCINE (OPV) <i>If Salk Vaccine, indicate (IPV) in corner box</i>							
MEASLES, MUMPS, RUBELLA (MMR)					Serology		
MEASLES					Measles	Date:	Titer:
RUBELLA					Rubella	Date:	Titer:
MUMPS					Mumps	Date:	Titer:
HAEMOPHILUS B (HIB)**							
HEPATITIS B					Hepatitis B	Date:	Titer:
VARICELLA					Varicella	Date:	Titer:
Other (Specify)							

Provisional admission attached-Date Granted: _____
 Medical exemption attached
 Religious exemption attached

DISEASE HISTORY	YEAR	YEAR	YEAR	OPERATIONS OR INJURIES	YEAR
ALLERGIES		ASTHMA		OTITIS MEDIA	
DRUG SENSITIVITIES		CHICKEN POX		RHEUMATIC FEVER	
LYME DISEASE		CONVULSIVE DIS.		STREP INFECTIONS	
HEPATITIS		DIABETES		MONONUCLEOSIS	
NEUROMUSC. DIS.		HEART DISEASE		OTHER	
				CONGENITAL DEFECTS	

HEALTH SCREENING CODE: N = Normal; R = Referred; T = Under Treatment; C = See Comments

Grade/Age	/											
Date												
Height												
Weight												
Blood Pressure												
V I S I O N	With glasses	R										
		L										
		BOTH										
	Without glasses	R										
		L										
		BOTH										
Muscle Balance												

Color Perception	Date	Results										
H E A R I N G	Date											
	Sweep Check	R										
		L										
	Complete Pure Tone	R										
		L										

BIENNIAL SCOLIOSIS SCREENING (Beginning at Age 10)												
TB Screening (Mantoux Test)						Chest X-Ray			Result		Therapy	
	Date	Date	Date	Date	Date	Date	Normal	Abnormal	Case <input type="checkbox"/>	Reactor <input type="checkbox"/>		
Tested	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Read	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Result (MM)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

