SAINT JEROME SCHOOL
250 Wall Street
West Long Branch, New Jersey 07764
Phone (732) 222-8686 Fax (732) 263-0343

STUDENT HEALTH HISTORY AND PHYSICAL EXAMINATION

Student Name _____ Date of Birth _____

Age _____ Sex _____ Grade _____ Date of Last Physical Examination _____

Immunizations

Please attach a copy of student's most recent immunization record.

Health History

Allergies: Yes ☐ No ☐ If yes, please list: _____

Medications: Yes ☐ No ☐ If yes, please list: _____

Surgical History: Yes ☐ No ☐ If yes, please explain: _____

Diabetes	Yes ☐ No ☐	Central Auditory Processing Disorder	Yes ☐ No ☐
Asthma	Yes ☐ No ☐	Depression	Yes ☐ No ☐
Heart Disease	Yes ☐ No ☐	Attention Deficit Disorder	Yes ☐ No ☐
Chronic Migraines	Yes ☐ No ☐	Neuromuscular Disorder	Yes ☐ No ☐
Seizure Disorder	Yes ☐ No ☐	Speech Deficit	Yes ☐ No ☐
Scoliosis	Yes ☐ No ☐	Other _____	Yes ☐ No ☐

Physical Examination

Height _____ Weight _____ B/P _____ Visual Acuity (R) _____ (L) _____

Ears / Hearing _____ Eyes / Glasses _____

Cardiovascular _____ Pulmonary _____

Gastrointestinal _____ Genitourinary_____

Orthopedic _____ Neurological _____

Endocrine _____ Skin _____

Physician Signature and Stamp _____ Date _____