St. Bartholomew Academy
2032 Westfield Ave., Scotch Plains, NJ 07076
www.stbacademy.org
(908) 322-4265

MEDICAL EXAMINATION RECORD

Name: _____ Date of Birth: _____

Address: _____ Date of Exam: _____

Height: _____

Weight: _____

B/P: _____

Vision: Right: _____

Left: _____

Glasses Recommended: _____

Ears: Right: _____

Left: _____

Hearing: _____

Past Disease History (incl. Chicken pox)

_____

_____

Operation/Injuries: _____

_____

Code: Normal - X Defect – 0

Nose-Throat: _____

Heart: _____

Chest: _____

Genito-Urinary: _____

Lymph Glands: _____

Skeletal/
Extremities: _____

Scoliosis Check: _____

Skin: _____

Scalp: _____

Neurological: _____

Allergies: _____

Any limitations from physical activities? _____

Is this child on medication/why? _____

IMMUNIZATION RECORD (Printed record from MD office also acceptable)

VACCINES	1ST DOSE	2ND DOSE	3rd DOSE	4th DOSE	5th DOSE	6th DOSE
DPT/DTAP/TD/Tdap						
Polio						
MMR						
Measles (Live)						
Rotavirus						
Hepatitis A						
Hib						
Hep B Vaccine						
TB Test (Type)						
Meningococcal						
Varicella						
Pneumococcal						
Influenza						
Other						

PRINT PHYSICIANS NAME: _____ SIGNATURE: _____

PHYSICIANS ADDRESS: _____ PHONE: _____