



24 Commerce Street, Federal Trust Bldg, Suite #504/510, Newark, New Jersey 07102

VERIFICATION OF PHYSICAL HEALTH EXAM

A physical exam is mandatory for admissions. This is a/an confidential document. The physical exam must be completed no sooner than 3 months before the start of the program.

This form must be filled out by a physician. Please complete all information on this form.

STUDENT'S NAME: \_\_\_\_\_ Date of Exam \_\_\_\_\_

Social Security Number \_\_\_\_\_

PHYSICAL (Please indicate requested information or mark N for normal or A for abnormal finding)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Throat \_\_\_\_\_ Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Hemia \_\_\_\_\_ Urine \_\_\_\_\_

Glands \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Hearing \_\_\_\_\_ (If any abnormal findings, please explain): \_\_\_\_\_

Any Recent Injuries: \_\_\_\_\_

Allergies: (YES or NO) If YES, please explain: \_\_\_\_\_

Is the student under medical treatment at present? YES or NO

Is there any reason why this person should not enroll in our program? (NOT limited to physical, mental, or emotional findings)

HISTORY OF DISEASES

Anemia \_\_\_\_\_ Mumps \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Scarlet Fever \_\_\_\_\_

Heart Disease \_\_\_\_\_ Asthma \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ German Measles \_\_\_\_\_

Other Disorders: \_\_\_\_\_

IMMUNIZATIONS (Please fill in completely with exact dates. These immunizations are required for admission to school, unless previously confirmed case. Immunizations records can be attached.

Polio \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_ Mumps \_\_\_\_\_ Diphtheria \_\_\_\_\_

Tetanus Toxoid \_\_\_\_\_ (Within last 8 years) Is a TITER TEST Needed: YES or NO Titer Test Date: \_\_\_\_\_

A TUBERCULIN TEST is required for admission to school (Within the past 6 months) DATE \_\_\_\_\_ RESULTS \_\_\_\_\_

Physicians Please Print:

Doctor's Name: \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_