Maud Abrams School 714 Town Bank Road Cape May, New Jersey 08204 (609) 884-9420 - MAIN OFFICE

Report of Student Medical Examination

Grades Preschool through Grade 6

This form is to be completed by the student's "medical home" (family physician or advanced practice nurse.)

Student Name:			Grade:	Age:	Sex:	Date of Birth:		
Examination Date: Physician's Name:		:	Physicia			an's Phone:		
	story (include al health problems		st serious i	llnesses, injurie	s and op	erations, medication	ns, diabetes, familial d	lisorders
Current St	tatus:							
Height:		Weigh	nt:	Blood	Pressure:		Pulse:	bpm
Vision:	NEAR R 20/ L 20/	R 20/						
Hearing:	R	Pass Fail		L		Pass Fail		
		Norn	nal Abn	ormal Findir	ıgs Co	omments		
Head/Nec	k							
Eyes/Sclera/Pupils								
Ears								
Nose								
Throat								
Teeth-Mou	ıth							
Heart: Mur	murs/Rhythms							
Lungs Auscultation								
Chest Con	tour							
Skin								
Abdomen Assessment (including liver, spleen)								
Tanner Stage Testes/Onset of Menses								

Report of Student Medical Examination for Student / Name	Description of Charles Madical English of the											
Hernia Neck/Back/Spine Reage of Mations Scoliosis Upper Extremities Upper	Report of Student Medica	I Examination ic	Student's Name									
Neck/Back/Spine Remote Additional Observations Remity Physician/Provider YES NO School Physician YFS NO NO NO NO NO NO NO N		Normal	Abnorma	l Findings	Comme	ents						
Scoliosis Upper Extremities Upper Extrem	Hernia											
Upper Extremities Lower Extremities Neurological: Balance and Coordination Romberg Hele Walk Tandem Walk Nose Touch Toe Walk Most Recent Immunizations/Dates DTaP MMR Varicella IPV/OPV Hib Hepatitis B Influenza PCV7 Meningococcal Medications Currently in Use Additional Observations Are there any modifications required for full participation in school? YES NO If yes, please explain below: Family Physician/Provider YES NO School Physician YES NO	Neck/Back/Spine (Range of Mo	tion)										
Neurological: Balance and Coordination Romberg												
Neurological: Balance and Coordination Romberg	<u> </u>				<u>.</u>							
Romberg Heel Walk Tandem Walk Nose Touch Toe Walk Most Recent Immunizations/Dates DTaP MMR Varicella IPV/OPV Hib Hepatitis B Influenza PCV7 Meningococcal Medications Currently in Use Additional Observations Are there any modifications required for full participation in school? YES NO If yes, please explain below: Family Physician/Provider YES NO School Physician YES NO	Lower Extremities											
Heel Walk Tandem Walk Nose Touch Toe Walk Most Recent Immunizations/Dates DTaP MMR Varicella IPV/OPV Hib Hepatitis B Influenza PCV7 Meningococcal Medications Currently in Use Additional Observations Are there any modifications required for full participation in school? YES NO If yes, please explain below: Family Physician/Provider YES NO School Physician YES NO	Neurological: Balance and Coordination											
Tandem Walk Nose Touch Toe Walk Most Recent Immunizations/Dates DTaP	Romberg											
Nose Touch Toe Walk Most Recent Immunizations/Dates DTaP	 Heel Walk 											
Most Recent Immunizations/Dates DTaP	 Tandem Walk 											
Most Recent Immunizations/Dates DTaP	 Nose Touch 											
DTaP	■ Toe Walk											
DTaP	[<u> </u>										
IPV/OPV		tions/Dates	ммр			Varicalla						
Influenza	Diar		IVIIVII			Varicena						
Medications Currently in Use Additional Observations Are there any modifications required for full participation in school? YES NO If yes, please explain below: Family Physician/Provider YES NO School Physician YES NO	IPV/OPV		Hib			Hepatitis B						
Additional Observations Are there any modifications required for full participation in school? YES NO If yes, please explain below: Family Physician/Provider YES NO School Physician YES NO	Influenza		PCV7			Meningococcal						
Additional Observations Are there any modifications required for full participation in school? YES NO If yes, please explain below: Family Physician/Provider YES NO School Physician YES NO												
Are there any modifications required for full participation in school?	Medications Currently i	n Use										
Are there any modifications required for full participation in school?												
Are there any modifications required for full participation in school?												
Are there any modifications required for full participation in school?												
Family Physician/Provider YES NO School Physician YES NO	Additional Observations											
Family Physician/Provider YES NO School Physician YES NO												
Family Physician/Provider YES NO School Physician YES NO												
Family Physician/Provider YES NO School Physician YES NO												
Family Physician/Provider YES NO School Physician YES NO												
	Are there any modifications required for full participation in school? YES NO If yes, please explain below:											
	Family Physician,	Family Physician/Provider										
IVII J. INP. PA			MD	DO		PA						

Examining Physician's/Provider's Signature:

Date: _____