

Black Horse Pike Regional School District
580 Erial Road
Blackwood, NJ 08012

Highland Timber Creek Triton District

STAFF HEALTH HISTORY AND APPRAISAL

Name _____ Birthdate _____ Sex _____
Address _____ Telephone _____
City, State, Zip _____ SS# _____

Emergency Information:

Name _____ Relationship _____
Home Phone _____ Work Phone _____

Immunizations:

Hepatitis B 1st _____ 2nd _____ 3rd _____ (Give dates if immunized)
Tetanus _____ MMR _____

Mantoux Test Date & Result _____ If positive, list x-Ray date and results:

Disease History

	Type		Year	Operations/Injuries	Year
Allergies		Asthma			
Congen. Defects		Convulsive Dis.			
Drug Sensitivities		Hypertension			
Hepatitis		Diabetes			
Neuromusc. Dis.		Heart Disease			

Date	
Height	
Weight	
Blood Pressure	
ENT	
Heart	
Lungs	
Thyroid	
Abdomen	
Nervous Disorder	
Endocrine	

VISION				HEARING		CURRENT MEDICATIONS:
With Glasses	Without Glasses			R	L	
R	L	R	L	R	L	

Signature of Examining Physician

Date of Examination

Printed Name of Physician

Telephone Number