

WARREN TOWNSHIP SCHOOLS
Warren Middle School
 Health History- New Student

Student's Name _____ Gr: _____ **NEW Only**

Date of Birth _____ Age _____

Telephone _____ Address _____

Upon entry into the School District you MUST submit a Physical exam on the Warren Township Physical Examination Form. **The exam MUST be completed by a New Jersey licensed MD or nurse practitioner.** This examination MUST be done no more than 365 days prior to entry and MUST state what, if any modifications are required for full participation in the school program.

UPDATE FROM THE PAST YEAR ONLY. Please explain responses on back

1	Has been medically advised not to participate in any sport, and the reason for such	Yes	No
2	Is under a physician's care and the reason for such care		
3	Has experienced loss of consciousness after an injury		
4	Has experienced a fracture or dislocation		
5	Has undergone any surgery		
6	Takes medication on a daily basis: name and reasons		
7	Have allergies: Including hives, asthma, reactions to bee stings, or food allergies – medication used		
8	Has experienced frequent chest pains or palpitations		
9	Has a recent history of fatigue or undue tiredness		
10	Has a history of fainting with exercise		
11	Has a history of family member having sudden death		
12	Has a bleeding tendency		
13	Has had rheumatic fever		
14	Has a vision defect: wears glasses, wears contacts		
15	Has a loss of seriously impaired function of a paired organ (eye, ear, testicle, kidney)		
16	Has had a dental checkup by a dentist within the year		
17	If the child had a dental checkup, did the child have cavities		

 Parent/Guardian Signature

 Date