

Return to district no later than: _____

**TOWNSHIP OF FRANKLIN PUBLIC SCHOOL DISTRICT
FRANKLINVILLE, NEW JERSEY**

Confidential Employee Health History and Physical Form

Section I - To be completed by employee

Name: _____ Date: _____

Address: _____

School/Area: _____ Position: _____

Family Doctor: _____

Please list all significant medical problems that you are now or have been treated for:

Please list all significant hospitalizations or surgical procedures that you have undergone:

Please list all allergies and reactions to medications: _____

Please list all medications that you are currently using (including over-the-counter medications):

I certify that the above information is true and accurate to the best of my knowledge. The school's principal, nurse, physician and superintendent are authorized to have access to this health information for my health and welfare.

I also certify that I am presently under the care of my personal physician and that I do not pose a health risk to the students and employees of the Township of Franklin Public School District. I do not want to be examined by the school physician at this time.

Employee Signature

Date

Section II – To be completed by Physician

Physical Examination

Height _____ Weight _____ Temperature _____

Blood Pressure _____ Pulse _____ Respiration _____

	Normal	Abnormal	Comments
General			
Heart			
Neck			
Cor.			
Lungs			
Abdomen			
Ext.			
Neuro.			
Ortho.			
Hernia			

This patient is is not able to perform his / her job duties as _____

Any limitations/restrictions/recommendations are as follows: _____

Immunization Status

Date of last Tetanus shot: _____

Date of last Mantoux TB test: _____ Negative Result: Yes No

Chest x-ray results (if required for Mantoux testing): _____

(optional) Dates of Hepatitis series: 1) _____ 2) _____ 3) _____

Physician Name

Physician Signature

Physician's Office – Street Address

Date of Examination

Physician's Office – City, State, Zip