



HOLY TRINITY SCHOOL



Pre-K 2 to Grade 8
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HISTORY AND PHYSICAL FORM

This form is for Grades Pre-K through 5 ONLY
Grades 6 through 8 use the Sports Physical Form

DATE _____ GRADE _____

CHILD'S NAME _____ SEX _____ DATE OF BIRTH _____

ADDRESS _____ HOME PHONE _____

FATHER'S NAME _____ MOTHER'S NAME _____ CELL PHONE _____

PHYSICIAN'S NAME _____ ADDRESS _____ TELEPHONE _____

THE STATE OF NEW JERSEY REQUIRES THE SCHOOL TO MAINTAIN IMMUNIZATION RECORDS FOR ALL PUPILS. THE FOLLOWING ARE REQUIRED BY LAW AT VARIOUS AGES FOR SCHOOL ATTENDANCE.

VACCINE TYPE	1 st Dose Mo/Day/Yr.	2 nd Dose Mo/Day/Yr.	3 rd Dose Mo/Day/Yr.	4 th Dose Mo/Day/Yr.	5 th Dose Mo/Day/Yr.	Lead	Screening
DTaP						Test Date	Result
Tdap							
Polio						TB	Screening
MMR						Test Date	Result
HIB							
Hep B							
Varicella						Serology	Date: Titer:
Pneumococcal						Measles	
Meningococcal						Mumps	
Hep A						Rubella	
HPV						Hep B	
Influenza						Varicella	

HEALTH HISTORY - TO BE COMPLETED BY PHYSICIAN ONLY:

Allergies: FOOD AND DRUG (list) _____

Asthma _____ Cardiac _____ Chicken Pox (disease date) _____ Diabetes _____ Strep Infections _____

Infectious Mono _____ Migraines _____ Seizures _____ Surgery _____

Other _____

Speech, vision or hearing difficulty? _____ Vision R 20/ _____ L 20/ _____ Glasses/Contacts _____

B/P _____ Thyroid _____ Heart _____ Eyes _____ Nose _____ Tonsils _____

Height _____ Hernia _____ Lungs _____ Ears _____ Abdomen _____ Scoliosis _____

Weight _____ Skin _____ Neurological System _____ Physical Limitations _____

Does child take daily medication? _____ If Yes, Explain _____

Other pertinent information (anxiety/depression, behavioral issues, surgery, serious injury, concussion, etc.): _____

DATE OF EXAM _____ PHYSICIAN SIGNATURE: _____

