HOLY TRINITY SCHOOL

Pre-K 2 to Grade 8
336 First Street, Westfield, NJ 07090
Ph. 908-233-0484 | Fax 908-233-6204

HISTORY AND PHYSICAL FORM

Grades 6th-8th use the Sports Physical Form if participating in Sports through HT!

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	1St Dose Mo/Day/Yr.	2nd Dose Mo/Day/Yr.	3rd Dose Mo/Day/Yr.	4th Dose Mo/Day/Yr.	5th 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____________
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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.:

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DATE OF EXAM___________________________ PHYSICIAN SIGNATURE:____