

**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 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Immunizations:

Mantoux Test Date & Result \_\_\_\_\_ If positive, list x-ray date and results:

**Disease History**

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

<b>Date</b>	
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	

\_\_\_\_\_  
Signature of Examining Physician

\_\_\_\_\_  
Date of Exam

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Telephone Number