



EGG HARBOR CITY PUBLIC SCHOOLS
SCHOOL HEALTH SERVICES

CHARLES L SPRAGG ELEMENTARY SCHOOL
Adrienne Shulby, Superintendent/Principal
601 Buffalo Avenue • Egg Harbor City, NJ 08215
Phone (609) 965-1034 (Nurse's Office: ext 137)
Fax (609) 965-3561

EGG HARBOR CITY COMMUNITY SCHOOL
Jack Griffith, Principal
730 Havana Avenue • Egg Harbor City, NJ 08215
Phone (609) 965-1034 (Nurse's Office: ext 127)
Fax (609) 965-4742

MEDICAL EXAMINATION

(To be completed by physician)

Student's Name: _____ Male Female

Date of Birth: _____ Age: _____ Grade: _____

Height:	Weight:	T:	P:	R:	BP:
General Appearance:					
Posture:					
Nutrition:					
Skin:					
Head:					
Eyes:			Vision (if done): R_____ L_____		
Ears:			Hearing (if done): R_____ L_____		
Nose:					
Mouth and Throat:					
Teeth:					
Neck:					
Thyroid:					
Glands:					
Spine:					
Thorax:					
Heart:					
Lungs:					
Abdomen:					
Hernia:					
Genitalia:					
Feet:					
Extremities:					
Birth Defects:					
Previous Illnesses – Medical or Surgical:					

Physician Signature: _____ Date: _____

Address: _____ Phone: _____