

BAYONNE BOARD OF EDUCATION

PHYSICAL HISTORY OF PUPIL

Name _____ Sex _____ Date of Birth _____

Disease History	Year	Disease History	Year	Disease History	Year
Allergies		Asthma		Heart Problems	
Drug Sensitivities		Convulsive Disorders		Eye Problems	
Lyme Disease		Strep Infections		Hernia	
Hepatitis		Rheumatic Fever		Behavioral Problem	
Neuromuscular Disease		Chicken Pox		Injuries	
Ear Infection		Mononucleosis		Operations	
Tuberculosis		Diabetes		Congenital Defects	

If your child is presently receiving care for any physical condition, please note:

Please feel free to contact the school nurse if you have questions to discuss or information to share.

Date: _____ Parent or Legal Guardian Signature: _____

PRIMARY DOSE SERIES

BOOSTERS

VACCINE TYPE	1ST	2ND	3RD	AFTER AGE 4	GRADE 6
Diphtheria, Tetanus, Pertusis (DTap, DPT, Td)					
Influenza					
Polio (OPV or IPV)					
MMR					
Measles					
Mumps					
Rubella					
HIB					
Hepatitis B					
Varicella					
Pneumococcal					
Meningococcal- Grade 6					

MANTOUX : _____ DENTAL: _____ PHYSICAL: _____

LEAD LEVEL DATE: _____ LEAD LEVEL: _____