

**KNOWLTON TOWNSHIP
SCHOOL DISTRICT**

P.O. Box 227, 80 Route 46
Delaware, New Jersey 07833-0227
Tel: 908-475-5118
Fax: 908-475-1141
(for entrance into Pre-School)

Name: _____ Age: _____ Grade: _____

1. Student's B.P. _____ Height: _____ Weight: _____

Vision: _____ Hearing: _____ (if done).

2. List any recent or current health problem(s) that may affect the students education:

3. Indicate any significant findings:

4. May student participate in regular physical activity? Please indicate any restrictions:

5. Please provide immunization record, including the annual influenza vaccinations and the pneumococcal vaccine that are required for entrance into pre school as of September, 2008.

Influenza: _____

Pneumococcal: _____

Other: _____

6. Is the student on medication(s)? _____ If so, please list the medication(s); dosage and frequency: _____

7. Please make any comments and / or recommendations that are indicated:

Date: _____ Signature of Physician: _____

Signature of Parent / Guardian: _____