



BISHOP MC HUGH REGIONAL CATHOLIC SCHOOL
2221 Route 9 N
Cape May court House, New Jersey 08210

History and Physical Evaluation

Student's Name: _____ DOB: _____

Address: _____

Phone: _____

Allergies: _____

Immunizations: _____

DPT #1 _____

DPT #2 _____

DPT #3 _____

DPT Booster _____

DPT Booster _____

Tdap _____

MMR _____ Booster _____

TB test _____

Varicella Vaccine _____

Polio #1 _____ Polio #2 _____ Polio #3 _____

Polio Booster _____ Polio Booster _____

Hib Vaccine _____

Hep. B (1) _____ (2) _____ (3) _____

Menactra _____

Influenza _____

Past Surgical History _____

Past Medical History _____

Examination:

Height _____ Weight _____

Blood Pressure _____

Heart _____

Murmur: _____

Lungs _____

Abdomen _____

Eyes: Right _____ Left _____

Ears (Otosopic) _____

Hernia _____

Nose _____

Scoliosis _____

Lymph Nodes _____

Posture _____

Throat _____

Extremities _____

Neck _____

Skin _____

Reflexes _____

Mouth _____

Nervous Disorder _____

Deformities _____

General Health Good _____ Fair _____ Poor _____

Name and Address of Physician:

Signature of Examining Physician

Date of Physical:

Phone Number:
