



**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**  
Dr. Gina Forester, 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: \_\_\_\_\_