

MORRIS KNOLLS HIGH SCHOOL

50 Knoll Dr, Rockaway, NJ 07866

(973) 664-2200



All grade 9 students and new entrants to Morris Knolls High School are required to have a comprehensive physician examination, to include examination of ears, nose, throat, heart, lungs, abdomen and back. Additionally, an examination for hernia and scoliosis should be included.

The results of the examination conducted must be documented on the district Incoming Student Physical Form. The examination is acceptable up to 365 days prior to entry to the school district.

Any students playing in a sport, participating in Marching Band or Cheerleading, or registering for ski club should complete the preparticipation physical form found on the Morris Knolls High School Athletics homepage.

Please remember that regular physical examinations are important at least once during significant developmental stages such as adolescence (grades 7-12) to help ensure that your student maintains good health.

Also, please submit the Health History form attached to this letter when you submit the required physical.

ALL PHYSICALS MUST BE IN THE HEALTH OFFICE BY OCTOBER 1
OF THE CURRENT SCHOOL YEAR.

Morris Knolls High School Health Office

Incoming Student Physical
(973) 664-2233, 2234
Fax: (973) 201 - 2930

Date of Birth

Please have your doctor complete the following information:

Date of Physical Exam: _____

| | |
|-------------------|--------------|
| Height: | Ears: |
| Weight: | Nose: |
| Blood Pressure: | Throat: |
| Pulse: | Heart: |
| Respiration Rate: | Lungs: |
| Vision: | Hernia: |
| Hearing: | Deformities: |
| Skin: | Scoliosis: |
| Other: | |

Physician Signature: _____ Physician Name: _____

Address: _____ or Physician Stamp: _____

MORRIS HILLS REGIONAL HIGH SCHOOL DISTRICT
STUDENT HEALTH HISTORY

Student Name: _____ Gender: _____ Birth date: _____

Has your student ever had any of the following:

| Yes | No | Condition | Yes | No | Condition |
|-----|----|------------------------------|-----|----|--------------------------|
| | | Anemia | | | Asthma |
| | | Bladder/Kidney Issues | | | Bronchitis |
| | | Chicken pox (date: _____) | | | Concussion (date: _____) |
| | | Convulsions/Seizure Disorder | | | Diabetes |
| | | Encephalitis | | | Eye Problems |
| | | Ear Infections | | | Fever over 104 degrees |
| | | Headaches/Migraines | | | Hearing Loss |
| | | Heart Disease | | | Hepatitis |
| | | Hernia | | | Leg/joint pain |
| | | Lyme Disease (date: _____) | | | Meningitis |
| | | Mononucleosis | | | Neuromuscular Disorder |
| | | Nosebleeds | | | Pneumonia |
| | | Psychological Evaluation | | | RSV |
| | | Rheumatic fever | | | Scarlet Fever |
| | | Skin Problems | | | Speech Concerns |
| | | Stomach aches | | | Strep Throat |
| | | Surgery (date: _____) | | | Tonsillitis |
| | | Other | | | |

Please explain any "YES" responses here (please add date):

Has your student had any reaction to (please check if applicable):

Foods: _____

Medicine: _____

Bee/Insect Sting: _____

Immunizations: _____

Other: _____

Please explain: _____

Is your student currently taking any medication at home? _____

Will your student need medication during the school day? _____

What is the reason for the medication? _____

Are there any health concerns or physical restrictions that you feel may affect your student's ability to participate in physical education? (If yes, please provide documentation from the student's physician)

Are there any other health concerns that you would like to share with us?

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____