

Morris Knolls High School

50 Knoll Drive
Rockaway, NJ 07866-4099
Phone – (973) 664-2233
Fax – (973) 201-2930
www.mknurse@mhrd.org

Employee () Student ()

Please complete the following information and return to Health Office:

NAME	AGE	DATE OF BIRTH
SEX	PHONE NUMBER	
ADDRESS		

Height _____	Ears _____
Weight _____	Nose _____
Blood Pressure _____	Throat _____
Pulse _____	Heart _____
Respiration Rate _____	Lungs _____
Vision _____	Hernia _____
Hearing _____	Deformities _____
Skin _____	Scoliosis _____
Eyes _____	Spine/Joints _____
Other Findings _____	
Physician's Signature _____	
Name _____	Date _____ Of Physical
Address _____ _____	
MANTOUX GIVEN: _____ READ _____ RESULTS _____	
IMMUNIZATION GIVEN: _____	