

**Gloucester Township School District  
17 Erial Road  
Blackwood, NJ 08012**

**STAFF HEALTH HISTORY AND APPRAISAL**

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ SS# \_\_\_\_\_

**Emergency Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Immunizations:**

Hepatitis B 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ (Give dates if immunized)  
 Tetanus \_\_\_\_\_ MMR \_\_\_\_\_

**Mantoux Test Date & Result \_\_\_\_\_ If Positive, list x-ray date and results:**

**Disease History**

	Type	Year	Operations/Injuries	Year
Allergies	Asthma			
Congen. Defects	Convulsive Dis.			
Drug Sensitivities	Hypertension			
Hepatitis	Diabetes			
Neuromusc. Dis.	Heart Disease			

Date	
Height	
Weight	
Blood Pressure	
Pulse Rate	
Respiratory Rate	

VISION		HEARING		CURRENT MEDICATIONS:
with Glasses	without Glasses	R	L	
R	L	R	L	

List any current health condition(s) for which you are under the care of a physician.

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Examining Physician

\_\_\_\_\_  
 Date of Examination

\_\_\_\_\_  
 Printed Name of Physician

\_\_\_\_\_  
 Telephone Number