



73 East Valley Brook Road
 Long Valley, New Jersey 07853
 Phone (908) 876-3429
 Fax: (908) 876-4635

STAFF EXAMINATION FORM

(Must be completed by a Dr. based on an exam on or after 8/17/05.)

Name _____ Date of Birth _____

The above named individual was examined in my office on this date: _____

BP: _____ Height: _____ Weight: _____

In my opinion, this individual is is not able to participate in an active program.

This individual is under my care for the following condition(s): _____

Known Allergies: _____

IMMUNIZATIONS

	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____	_____
or Measles	_____	_____	_____	_____	_____	_____
or Mumps	_____	_____	_____	_____	_____	_____
or Rubella	_____	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____	_____
Varicella (chicken pox)	_____	_____	_____	_____	_____	_____

Physician's Name _____

Physician's Signature _____

Physician's Phone # _____

Physician's Address _____

PLEASE MAIL THIS FORM BACK TO MEADOWBROOK BY MAY 1, 2007