



# Mendham Township Middle School

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My Child \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

had a physical on \_\_\_\_\_

Their Vital Signs and Screening results are:

BP \_\_\_\_\_ Pulse \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Vision: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ uncorrected \_\_\_\_ corrected \_\_\_\_\_

Hearing: \_\_\_\_\_

Scoliosis \_\_\_\_\_

Physician's signature \_\_\_\_\_ date \_\_\_\_\_

This form exempts this student from the annual screenings

Thank you  
Sincerely,  
*Erin Giarrusso*