

STATE OF NEW JERSEY HEALTH HISTORY AND APPRAISAL

IMMUNIZATION REGISTRY NUMBER
2992409

Name of Child (Last, First, M.I.) Leon, Irving		Date of Birth (Mo/Day/Yr) 03/13/2011	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
PARENT OR GUARDIAN	NAME Felicia Cammarano	TELEPHONE NO. 201-917-5181	
	ADDRESS 369 Edwards Terrace, Ridgefield, NJ 07657		

VACCINE TYPE	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	LEAD SCREENING	
						Test Date	Result
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (If Td or DT, indicate in corner box)	05/12/2011	07/15/2011	09/19/2011	08/08/2012	10/02/2015		
Tdap	08/16/2022						
POLIO – INACTIVATED POLIO VACCINE (IPV) <i>If oral vaccine, indicate (OPV) in corner box</i>	05/12/2011	07/15/2011	09/19/2011	08/08/2012	10/02/2015		
MEASLES, MUMPS, RUBELLA (MMR)	05/31/2012	10/02/2015				Document below single antigen vaccine receipt, serology titers, or varicella disease history	
HAEMOPHILUS B (HIB)**	05/12/2011	07/15/2011	09/19/2011	08/08/2012			
HEPATITIS B	03/31/2011	05/12/2011	09/19/2011			Hepatitis B	Date: _____ Titer: _____
VARICELLA	11/23/2012	10/02/2015				Varicella	Date: _____ Titer: _____
PNEUMOCOCCAL CONJUGATE **	05/12/2011	07/15/2011	09/19/2011	05/31/2012		Measles	Date: _____ Titer: _____
MENINGOCOCCAL	08/16/2022					Mumps	Date: _____ Titer: _____
HEPATITIS A ***	08/08/2012	11/11/2013				Rubella	Date: _____ Titer: _____
HPV (HUMAN PAPILLOMAVIRUS) ***							
OTHER	COVID-19- Two Dose 12/21/2021	COVID-19- Two Dose 01/24/2022	INFLUENZA 10/02/2015				
OTHER							

Provisional admission attached–Date Granted: _____ Medical exemption attached Religious exemption attached

HISTORY	YEAR	HISTORY	YEAR	HISTORY	YEAR	HISTORY	YEAR
FOOD ALLERGIES		DIABETES		LYME DISEASE		JUVENILE RHEUMATOID ARTHRITIS	
NON-FOOD/NON-DRUG ALLERGIES		INFLUENZA (FLU)		MONONUCLEOSIS		AUTISM SPECTRUM DISORDERS	
		OTHER		NEUROMUSC. DISORDER		HEMATOLOGICAL DISORDERS	
ASTHMA		DRUG ALLERGIES		CHRONIC OTITIS MEDIA		ADD/ADHD	
CONGENITAL DISORDER		HEART DISEASE		AUTO IMMUNE DISORDERS		CONCUSSION/TBI	
CONVULSIVE DISORDER		HEPATITIS		STREP INFECTIONS			

HEALTH SCREENING CODE: N = Normal; R = Referred; T = Under Treatment; C = See Comments

Grade/Age	KF 5	01 6	02 7	03 8	05 10	07 12								
Date	2016-17	2017-18	2018-19	2019-20	2021-22	2023-24								
Height	45.5	47.0	49.5	52.0	59.5	64.0								
Weight	49.0	54.0	64.0	70.6	100.2	120.0								
BMI***	16.64	17.19	18.36	18.35	19.9	20.6								
Blood Pressure	90 / 54	90 / 55	97 / 56	112 / 60	110 / 63	100 / 68								
V I S I O N	With correction	R												
		L												
		BOTH												
	Without correction	R	N 20/30	N	N		20/20							
		L	N 20/30	N	N		20/20							
		BOTH	N 20/30	N	N		20/20							
	Muscle Balance	N	N	N										

Color Perception	Date	Results												
H E A R I N G	Date	01/09/17	01/18/18	11/26/18	12/16/19									
	Pure Tone	R	N	N	N	N								
L		N	N	N	N									

BIENNIAL SCOLIOSIS SCREENING Date Date Date Date Date
(Beginning at Age 10)
Referred for abnormal result

TB Screening (Mantoux or IGRA Test)	Date	Date	Chest X-Ray	Date	Normal	Abnormal	Medication Reactor No Rx <input type="checkbox"/>
Tested	_____	_____		_____	_____	_____	Date Started _____
Read	_____	_____		_____	_____	_____	Date Completed _____
Mantoux Result (MM) or IGRA Result	_____	_____		_____	_____	_____	

Student: Leon, Irving

PHYSICAL EXAMINATIONS

Date	Grade/Age	Type of Exam	Significant Findings	Medical Provider
04/26/2016	Grade KF / 5	Entrance	WNL	Howard Fisher MD

Date	RECORD: Findings and Recommendations of Physicians including medications, operations and injuries; Modification of School Program; Referrals and Follow-up; Conference with Parents, Teachers; Counseling with Student. Individual Nurses notes must be attached.	SIGNATURE
12/09/2021	Spoke with father and made aware of positive covid-19 exposure and quarantine guidelines with return to school date of 12/22/21	Margaret Caruso
12/16/2019	2019/2020 Routine Screening completed.	Stella Okonkwo
01/31/2019	Medical for his absences from 1/28-2/1/ & to return on 2/4/19.	Stella Okonkwo
11/26/2018	2018-2019 School Year Routine Screening Was Completed.	Stella Okonkwo
03/15/2018	Medical not for his absences from 3/9/ to 3/15/2018	Stella Okonkwo
01/18/2018	2017-2018 Routine Screening Completed.	Stella Okonkwo
10/26/2017	The mother sent a note that she kept Mylo at home today (10/26/17) because he did not sleep well last night	Stella Okonkwo
04/17/2017	Dr. note in file to excuse his absence from 4-4 to 4-10-2017	Denise Long