

Patient Name: _____

Date of Employment Physical: _____

Position Applying for: _____

Results of Examination:

- ☐ Shows no obvious contraindications to performing the proposed duties of employment with Montville Township Public Schools.
- ☐ Has not been cleared for the following reason(s): _____

- ☐ Requires the following accommodations(s): _____

Physician's Signature

Date

Stamp/Print Physician's Name, Address and Phone Number Below:

In accordance with district policy 3160 and policy 4160, all new employees must provide MEDICAL CLEARANCE from their own physician or at no cost to the employee by appointment with our school physician:

Dr. Joelle Rehberg (email address: jrehberg@trkg1.com) *

*please email Dr. Rehberg with your contact information and she will get back to you with regard to a physical exam

Return to: Office of the Superintendent
Montville Township Public Schools
86 River Road
Montville, NJ 07045

***PLEASE FILL OUT THE ATTACHED HEALTH HISTORY AND VACCINE ADMINISTRATION RECORD FORM AND BRING IT WITH YOU TO YOUR APPOINTMENT**

Patient Name: _____

D.O.B.: _____

Today's date: _____

HEALTH HISTORY

Please complete the following questions regarding your medical history

Yes No

- ____ Any injury or illness in the last 5 years
- ____ Seizures, epilepsy
- ____ Loss of, or altered consciousness
- ____ Fainting or nervousness
- ____ Nervous or psychiatric disorders, e.g. severe depression
- ____ Head/brain injuries, disorders, or
- ____ Sleep disorders, daytime sleepiness
- ____ Stroke or paralysis
- ____ Eye disorders or impaired vision (except for corrective lenses)
- ____ Ear disorders, loss of hearing or loss of balance
- ____ Regular, frequent alcohol use
- ____ Narcotic or habit forming drug use
- ____ Tobacco use

Yes No

- ____ Thyroid disease
- ____ High Blood Pressure
- ____ Heart disease/condition or heart attack
- ____ Shortness of breath
- ____ Lung disease, asthma, emphysema
- ____ Diabetes
- ____ Digestive Problems
- ____ Kidney or liver disease
- ____ Muscular disease
- ____ Chronic back pain
- ____ Spinal injury
- ____ Missing or impaired extremity

If you answered YES for any question above, please indicate diagnosis, current treatment plan, including medications, and if currently being followed by a physician.

Have you ever had surgery? ____ Yes ____ No If Yes, please explain. _____

Please list any allergies

Please list any medications, both prescribed and over-the-counter, that you are taking

PATIENT'S SIGNATURE _____ DATE _____

Vaccine Administration Record for Adults

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Patient name _____

Birthdate _____ Chart number _____

PRACTICE NAME AND ADDRESS

Vaccine	Type of Vaccine ¹	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials and title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Tetanus, Diphtheria, Pertussis (e.g., Tdap, Td) Give IM. ³									
Hepatitis A ⁶ (e.g., HepA, HepA-HepB) Give IM. ³									
Hepatitis B ⁶ (e.g., HepB, HepA-HepB) Give IM. ³									
Human papillomavirus (HPV) Give IM. ³									
Measles, Mumps, Rubella (MMR) Give MMR II Subcut or IM; give Priorix Subcut. ³									
Varicella (VAR) Give Subcut or IM. ³									
Meningococcal ACWY (MenACWY) Give MenACWY IM. ³									
Meningococcal B (e.g., MenB-4C, MenB-FHbp) Give MenB IM. ³									

CONTINUED ON THE BACK ►

Abbreviation	Trade Name and Manufacturer
Tdap	Adacel (Sanofi); Boostrix (GSK)
Td	Tenivac (Sanofi); Tdva (MA Biological Labs)
HepA	Havrix (GSK); Vaqta (Merck)
HepB (see note #1)	Engerix-B (GSK); Recombivax HB (Merck); Hepflsav-B (Dynavax); PreHevrbio (VBI)
HepA-HepB	Twincix (GSK)
HPV	Gardasil 9 (Merck)
MMR	MMR II (Merck); Priorix (GSK)
VAR	Varivax (Merck)
MenACWY	MenQuadfi (Sanofi); Merveo (GSK)
MenB-4C (see note #1)	Bexsero (GSK)
MenB-FHbp (see note #1)	Trumenba (Pfizer)

How to Complete this Record

- For hepatitis B and meningococcal B vaccines, record the trade name (see table at right); for all other vaccines, record the standard abbreviation (e.g., Tdap).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut), or intranasal (NAS), and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting should keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.



Vaccine Administration Record for Adults (continued)

Patient name _____

Birthdate _____ Chart number _____

PRACTICE NAME AND ADDRESS

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine ¹	Date vaccine given (mo./day/yr)	Funding Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials and title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Pneumococcal conjugate (e.g., PCV13, PCV15, PCV20) Give IM. ³									
Pneumococcal polysaccharide (e.g., PPSV23) Give IM or Subcut. ³									
Influenza (IIV, cclIV, RIV, LAIV) Give IIV, cclIV, and RIV IM. ³ Give LAIV NAS. ³									
Zoster (shingles) Give RZV IM. ³									
COVID-19 (e.g., COV-mRNA; COV-aPS) Give IM. ³									
Hib Give IM. ³									
RSV Give IM. ³									
Other									

Abbreviation	Trade Name and Manufacturer
PCV13, PCV15, PCV20	Prevnar 13 (Pfizer); Vaxneuvance (Merck); Prevnar 20 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
aIV (adjuvanted inactivated influenza vaccine [IIV])	Fluzel (GSK)
cclIV (cell culture-based IIV)	Flucelvax (Seqirus)
HD-IIV (high-dose IIV)	Fluzone High-Dose (Sanofi)
LAIV (live attenuated influenza vaccine)	FluMist (AstraZeneca)
RIV (recombinant influenza vaccine)	Flublok (Sanofi)
SD-IIV (standard dose IIV)	Fluarix, FluLaval (GSK); Afluria (Seqirus); Fluzone (Sanofi)
RZV (recombinant zoster vaccine)	Shingrix (GSK)
COV-mRNA (see note #1)	Comirnaty (Pfizer-BioNTech); Spikevax (Moderna)
COV-aPS (see note #1)	Novavax (Novavax)
Hib	ActHIB (Sanofi); Hiberix (GSK); PedvaxHib (Merck)
RSV (respiratory syncytial virus vaccine) (see note #1)	Axevy (GSK); Abrysvo (Pfizer)

How to Complete this Record

- For RSV and COVID-19 vaccines, record the trade name (see table at right); for all other vaccines, record the standard abbreviation (e.g., RZV) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut), or intranasal (NAS), and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting should keep a reference list of vaccinators that includes their initials and titles.