



# Morris Hills High School



520 West Main Street Rockaway, NJ • 07866-3799

Main: 973-664-2309 • Guidance: 973-664-2329

**Todd M. Toriello,**  
Ed.D.  
Principal  
973-664-2301

**Robert Merle, Jr.**  
Assistant Principal  
Discipline Grades 10&12  
973-664-2303

**Gene Melvin**  
Assistant Principal  
Discipline Grades 9&11  
973-664-2357

**Emily Barkocy**  
Assistant Principal  
Student Attendance  
973-664-2305

**Robert Haraka**  
Athletic Director  
973-664-2307

**Yesenia  
Rivera-Carney**  
School Counseling  
Supervisor  
973-664-2313

## HEALTH SERVICES

**All grade 9 students and new entrants** to Morris Hills High School are required to have a comprehensive physical examination which includes examination of their ears, nose, throat, heart, lungs, abdomen, and back. Additionally, an examination for hernia and scoliosis are included. This examination should be completed at the student's doctor's office or medical clinic by the healthcare provider of your choice.

The results of the examination conducted must be documented on the district Medical Examination Form. The examination is acceptable up to 365 days prior to entry to the school district. Parents/guardians who wish to have this examination completed at their doctor's office or medical clinic must return the district Medical Examination Form which will be kept on file in the Health Office.

The physical examinations submitted for students presently participating on a Morris Hills sports team, Marching Band, Cheerleading or Ski Club do not have to submit another physical examination to meet this requirement. (Please refer to the Morris Hills High School Student /Parent Handbook for more information about sports physicals.)

Please remember that regular physical examinations are important at least once during significant developmental stages such as adolescence (grades 7-12) to help ensure that your son/daughter maintains good health.

All physicals must be in the Health Office by **October 6, 2023**.

# MORRIS HILLS HIGH SCHOOL

## HEALTH DEPARTMENT

(973) 664-2332

Dear Doctor:

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Please complete the following information:

	NAME	AGE	DATE OF BIRTH
Height	_____	Ears	_____
Weight	_____	Nose	_____
Blood Pressure	_____	Throat	_____
Pulse	_____	Heart	_____
Respiration Rate	_____	Lungs	_____
Vision	_____	Hernia	_____
Hearing	_____	Deformities	_____
Skin	_____	Scoliosis	_____
	Other Defects		_____

Physician Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Physical \_\_\_\_\_

OTHER INFORMATION \_\_\_\_\_

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