

WTPS PHYSICAL EXAMINATION FORM

***NJ State Law N.J.A.C. 6A:16-2-2 requires that every student must have a physical examination upon entry into school. A physical exam performed at any developmental age will fulfill this obligation. A note from your health care provider is not acceptable. It must be a physical examination addressing the areas listed. The exam/or record of exam must be completed within **THIRTY (30) days** of admission or **EXCLUSION** will occur. Contact the school nurse with your appointment date or with any questions or concerns (see reverse).**

Please take this form with your child to your family physician and have it completed. If his/her physical on file is less than one year old, the doctor may complete the form based on that exam. If not, your child may be required to have a new physical. *(Please note: participation in middle and high school sports will require a more comprehensive exam & completion of additional forms. Contact the nurse or athletic department for those forms).* Return this form to the nurse at the child's school (see reverse) within **THIRTY (30)** days of admission to avoid exclusion.

Student Name: _____ **Date of Birth:** _____
Date of Exam: _____
Height: _____ **Weight:** _____ **Blood Pressure:** _____ **Pulse:** _____

PHYSICAL			HEALTH HISTORY		
Nutrition			Allergies?		
Skin			a. Food?		
Eyes without glasses	Rt _____	Left _____	b. Environment?		
with glasses	Rt _____	Left _____	c. Medication?		
ENT			Present Medications?		
Heart			Seasonal Medications?		
Lungs			Frequent Colds?		
Abdomen			Ear Infections?		
Lymph System			Any Accidents?		
Neuromuscular			Surgery?		
Orthopedic			Chronic Illness?		
COMMENTS:					
Vaccine Type	1st dose M/Day/Yr	2nd dose M/Day/Yr	3rd dose M/Day/Yr	4th dose M/Day/Yr	5th dose M/Day/Yr
DTaP/Td					
Tdap					
Polio					
Measles Mumps Rubella (MMR)					
Hepatitis B					
Varicella					
Haemophilus B (HIB)					
Hepatitis A					
Pneumococcal Conjugate					
Meningococcal					
HPV (Human Papilloma virus)					
Other					
Tuberculin Testing (Mantoux)					

PHYSICIAN'S SIGNATURE / DATE: _____

PHYSICIAN'S STAMP:

