

Student's Name

Middle Township Public Schools 216 South Main Street Cape May Court House, NJ 08210 609-465-1800

Date of Birth:

PHYSICAL EXAMINATION FORM

Please take this form with your child to your family physician and have it completed. If his/her physical is less than one year old, the doctor may complete the form based on the current exam; otherwise, the student will be required to have a new physical. It is mandatory that every student have a physical examination upon admission to school.* Return this form to the nurse at the child's school (see reverse) within **THIRTY (30)** days.

| Height: Weight: | Blood Pressure: | Pulse: |
|--|-----------------|------------------|
| PHYSICAL | | HEALTH HISTORY |
| Nutrition | Allergies? | |
| Skin | a. Food? | |
| Eyes without glasses Rt Left | b. Environme | nt? |
| with glasses Rt Left | c. Medication | ? |
| ENT | Present medic | ations? |
| Heart | Seasonal med | ication? |
| Lungs | Frequent cold | s? |
| Abdomen | Ear Infections | |
| Lymph system | Any accidents | ? |
| Neuromuscular | Operations? | |
| Orthopedic | Chronic illnes | s? |
| COMMENTS: | | |
| | | |
| IMMUNIZATIONS | | |
| D.P.T./td | | |
| mo/da/yr mo/da/yr | mo/da/yr m | o/da/yr mo/da/yr |
| Polio | | |
| mo/da/yr mo/da/yr | mo/da/yr m | o/da/yr mo/da/yr |
| Hepatitis B | | |
| mo/da/yr mo/da/yr | mo/da/yr m | o/da/yr mo/da/yr |
| Measles Rubella | | |
| Mumps | H.I.B. | |
| TB Testing | Va | nricella |
| | Results | |
| COMMENTS: | | |
| | | |
| | | |
| Physician Name / Address (please print or use stamp.) | | |
| Physician Signature * NJ State Law N.J.A.C. 6A:16-2-2 requires that every student must have a physical examination upon admission. A physical exam performed within 365 days prior to | | |

MIDDLE TOWNSHIP SCHOOL NURSES

It must be a physical examination addressing the areas listed above. The exam must be completed within THIRTY (30) days or EXCLUSION will occur. Contact the school

 ELEMENTARY #1
 463-1900
 x1205
 ELEMENTARY #2
 465-1827
 x2019

 MIDDLE SCHOOL
 465-1834
 x4006
 HIGH SCHOOL
 465-1852
 x5527

admission date will fulfill this obligation. A note from your health care provider is not acceptable.

nurse with your appointment date or with any questions or concerns (see reverse).