

Delran Township Schools

Physical Examination Record

Grade _____

Last Name First Birthdate Phone

Parent/Guardian Address

Examining Physician/Provider Address

IMMUNIZATIONS: Complete immunization records MUST be attached in order for this form to be valid.

See attached sheet for Minimum Immunization Requirements in New Jersey.

If born outside of USA must have Mantoux test if country of origin is deemed to have a high risk of TB exposure by the NJ Dept of Health (Brazil, Turkey, India, Pakistan, etc)

Tested on _____ Read on _____ Result (mm) _____

EXAMINATION: Vision: R 20/ _____ L 20/ _____ Corrected Y/N

Hearing: R Pass/Fail L Pass/Fail

Ht. _____ Wt. _____ B.P. _____

Ears (otoscopic) _____ Hernia _____

Eyes _____ Genito-urinary _____

Lymph glands _____ Scoliosis _____

Thyroid _____ Posture _____

Nose _____ Feet _____

Throat _____ Skin _____

Teeth-mouth _____ Nutrition _____

Heart _____ Nervous System _____

Lungs _____ Speech _____

Abdomen _____ General appearance _____

Other _____

OVER

PHYSICAL EXAMINATION RECORD

MEDICAL HISTORY

Allergies _____

Heart Disease _____

Congenital Defects _____

Otitis Media _____

Drug sensitivities _____

Strep Infections _____

Hepatitis _____

Mononucleosis _____

Neuromuscular _____

Operations _____

Asthma _____

Fractures _____

Chicken Pox _____

Injuries _____

Diabetes _____

Hospitalizations _____

Other _____

Medications _____

PHYSICIAN'S FINDINGS PERTINENT TO SCHOOL

Classification of Physical Activity _____

Full Academic Work Program _____

Follow-up and Notes _____

Signature of Physician/Provider

Date of Exam

Print Physician/Provider Name



*Physician/Provider Stamp Here