

WE ARE NORWOOD

HOME OF THE EAGLES

K - 4 PHYSICAL EXAMINATION FORM

Grade _____ Date of Birth _____

NAME (last) _____ (first) _____

PHYSICAL EXAM REPORT:

Ht _____ Wt _____ BMI _____ BP _____ Ears _____ Hearing R _____ L _____

Eyes _____ Vision R 20/ _____ L 20/ _____; Glasses or Contacts (Circle)

Respiratory _____

Cardiovascular _____

Abdomen _____

Musculoskeletal _____

Neurological _____

LABORATORY: Urinalysis _____ HGB/HT _____ Other _____

RECOMMENDATIONS:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Any defect of vision, hearing or speech that the school could compensate for by proper seating, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any conditions limiting:
Classroom activity?
Physical education? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any significant allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any condition which may result in a classroom emergency | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Any emotional, mental or physical condition requiring periodic medical observations?..... | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS:

PHYSICIAN'S SIGNATURE _____ DATE OF PHYSICAL _____

PHYSICIAN'S STAMP _____ PHONE _____

(Complete back of form for immunization records)→

"Think ~ Lead ~ Serve"

IMMUNIZATIONS
(INSERT DATES OR ATTACH RECORD)

Complete for new students.

Otherwise enter only those immunizations given since last report.

	1	2	3	4	5
DPT					
OPV/IPV					
HEP B					
HIB					
MMR					
VARICELLA					
FLU					
PNEUMOCOCCAL					
OTHER					
OTHER					
MANTOUX **		RESULTS			

IMMUNIZATION REQUIREMENTS FOR GRADE K – 4

According to the New Jersey Department of Health, the following immunizations are required of all students prior to entry to school:

DPT: 4 doses of diphtheria pertussis and tetanus. One dose must have been administered on or after the 4th birthday. If the doses were administered before the 4th birthday, a 5th dose is required.

POLIO: 3 doses of polio vaccine. One dose must have been administered on or after the 4th birthday. If the 3 doses were administered before the 4th birthday, a 4th dose is required.

MEASLES, MUMPS, RUBELLA: One dose of measles, mumps and rubella vaccine on or after the 1st birthday. A second dose of a measles-containing vaccine is also required. (this will usually be given as a second MMR).

HEPATITIS B: 3 doses of hepatitis B vaccine.

VARICELLA: (CHICKEN POX) One dose of varicella vaccine on or after the 1st birthday or proof of disease immunity.

Other vaccines may be recommended by the child's health-care provider.

**Documentation of a Mantoux test for tuberculosis given after the age of 3 years old is required for all students transferring in from out of country.