

North Brunswick Township Schools

North Brunswick, New Jersey 08902

IMMUNIZATION and PHYSICAL EXAMINATION REQUIREMENTS

All Students are required to have complete immunizations and a physical exam upon entry into school, as required and stipulated in the *New Jersey State Sanitary Code Requirement*, Chapter 14 Regulations, within 30 days of this registration. The exam must have been done no more than 365 days prior to today. This examination should be conducted by your private physician. A Certified School Nurse will review immunization records and will notify parents/guardians of any deficiencies.

RETURN THIS FORM TO THE SCHOOL NURSE ONCE COMPLETED BY YOUR PHYSICIAN, PRIOR TO YOUR CHILD'S FIRST DAY OF SCHOOL.

School _____ Grade _____

Student (Last, First) _____ Student Id# _____

Date of Birth _____ Sex _____ Height _____ Weight _____

BP _____ Resting Pulse _____

Scoliosis _____

MD Documentation:	Vision:	Hearing:
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Developmental Delay: _____

Allergies: _____

Current Medications: _____

Handicap(s) that would effect school performance: _____

Emotional or Behavioral Abnormalities (such as excessive activity level or attention deficit): _____

Enter Immunization Record (MM/DD/YR)

DPT	1. _____	2. _____	3. _____	4. _____	5. _____	Tdap
Polio	1. _____	2. _____	3. _____	4. _____	5. _____	
Hepatitis B	1. _____	2. _____	3. _____			
MMR	1. _____	2. _____				
Measles	1. _____	Mumps _____	Rubella _____	HIB _____		
	2. _____					
Meningitis _____	PNEUMOCOCCAL _____		INFLUENZA _____			

Varicella Vaccine _____ Varicella Lab Evidence _____ Varicella Disease (Age) _____

Mantoux Test /Date Given: _____ Date Read: _____
 Negative: _____ mm Positive: _____ mm

Chest x-ray /Date: _____ Normal: _____ Abnormal: _____

Therapy: Case Reactor Date Started: _____ Date Finished: _____

Physical Examination	Please Describe Each Area
General Appearance, Posture, Gait	
Behavior during examination	
Skin	
Eyes: External	
Eyes/Optic Fundi	
Ears/External Canals	
Ears/Tympanic membranes	
Nose, Mouth, Pharynx	
Teeth and Gums	
Lymph Nodes	
Heart	
Lungs	
Abdomen (including hernia)	
Genitalia	
Bones, Joints, Muscles	
Reflexes- Symetry	

ARE ANY FURTHER TESTS, TREATMENT OR CONSULTATIONS RECOMMENDED?

Yes

No

MAY THIS STUDENT PARTICIPATE IN A FULL PHYSICAL ACTIVITY PROGRAM AT SCHOOL?

Yes

No

If YES, please describe: _____

Significant observations and comments (Include only findings that are relevant to education): _____

Summary of current medical information/relevance to educational performances: _____

Date of examination _____ Physician's signature: _____

Physician's Name (Please print): _____

Physician's Address: _____

Physician's Phone Number: _____