Nutley Public Schools School Entrance Physical Examination

| Congenital Defects Drug Sensitivities Heart Disease Heart Disease Hetart Disease Otitis Media Neuromuscular Disorders Asthma Chickenpox Lyme Disease Operations or Injuries Physical Examination Ears Eyes Skin Lymph Glands Thyroid Throat Nose Teeth and Mouth Speech Heart Lungs Abdomen Hernia Nutrition Nervous System General Appearance Orthopedic Immunization Record (exact dates including month, day, and year are required by law) #1 #2 #3 booster 1 booster 2 DPT POLIO *One booster of DPT & POLIO must be given on or after the 4th birthday. Measles Vaccine (given after first birthday) Murns Vaccine (given after first birthday) Murns Vaccine (given after first birthday) Murns Vaccine Hib Vaccine Hepatitis B Vaccine Hib Vaccine PCV Varicella Vaccine (not required) Recommendations or restrictions (if any): I have examined this child and find him or her physically fit to participate in all school activities. Signature of Physicin Date Date Date | Student | | Date of | Examination | 1 6 4) |
|--|-------------------------|------------------------------|-------------------------|-----------------------------------|------------------|
| Disease History (please specify type and age of onset): Allergies | Grade Entering | | | (must be within | I year of entry) |
| Disease History (please specify type and age of onset): Allergies | Birth Date | Sex | Height | Weight | |
| Allergies | Vision | Hearing | | Blood Pressure _ | |
| Allergies | Disease History (ple | ase specify type and | age of onset): | | |
| Congenital Defects Drug Sensitivities | . 11 | | | sive Disorders | |
| Drug Sensitivities | Congenital Defects | | _ Diabete | es | |
| Hepatitis Otitis Media | Drug Sensitivities | | Heart Disease | | |
| Strep Infections Strep Infec | Hepatitis | | Otitis Media | | |
| Asthma Strep Infections Mononucleosis Other Illnesses Skin Skin Stronat Speech Skin Speech Other | Neuromuscular Disorders | | Rheumatic Fever | | |
| Chickenpox | Asthma | | Strep Infections | | |
| Operations or Injuries Physical Examination | Chickenpox | | Mononucleosis | | |
| Physical Examination Ears | Lyme Disease | | Other I | llnesses | |
| Ears | Operations or Injurie | s | | | |
| Ears | Physical Examination | on | | | |
| Lymph Glands Thyroid Throat | _ | | | Skin | |
| Nose Teeth and Mouth Speech | Lymph Glands | Thyroid | | Throat | |
| Heart Lungs Abdomen | | | | | |
| Hernia | | | | | |
| General Appearance Orthopedic Immunization Record (exact dates including month, day, and year are required by law) #1 #2 #3 booster 1 booster 2 POLIO *One booster of DPT & POLIO must be given on or after the 4 th birthday. Measles Vaccine (given after first birthday) Rubella Vaccine (given after first birthday) Mumps Vaccine (given after first birthday) MMR BOOSTER (must be given at least 1 month after first dose and prior to kindergarten) Hepatitis B Vaccine #1 #2 #3 Hib Vaccine * required for school, unless child had disease Mantoux (not required) Recommendations or restrictions (if any): I have examined this child and find him or her physically fit to participate in all school activities. Signature of Physician Date [stamps or counter-signatures are NOT acceptable) | | | | | |
| Orthopedic | | | | | |
| #1 #2 #3 booster 1 booster 2 DPT | | | | | |
| #1 #2 #3 booster 1 booster 2 DPT | Immunization Deco | rd (avaat dataa ingludi | ng month, day, and y | your are required by law) | |
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| Signature of Physician Date Date | | • | | | |
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| Print Physician's Name Telephone | Print Physician's Name | | natures are NOT accep | | |