

Nutley Public Schools
School Entrance Physical Examination

Student _____ Date of Examination _____
(must be within 1 year of entry)

Grade Entering _____

Birth Date _____ Sex _____ Height _____ Weight _____

Vision _____ Hearing _____ Blood Pressure _____

Disease History (please specify type and age of onset):

Allergies _____	Convulsive Disorders _____
Congenital Defects _____	Diabetes _____
Drug Sensitivities _____	Heart Disease _____
Hepatitis _____	Otitis Media _____
Neuromuscular Disorders _____	Rheumatic Fever _____
Asthma _____	Strep Infections _____
Chickenpox _____	Mononucleosis _____
Lyme Disease _____	Other Illnesses _____
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 _____	Other _____	
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) _____
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 _____
PCV _____
Varicella 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)

Print Physician's Name _____ Telephone _____