

WTPS PHYSICAL EXAMINATION FORM

***NJ State Law N.J.A.C. 6A:16-2-2** requires that every student must have a physical examination upon entry into school. A physical exam performed at any developmental age will fulfill this obligation. A note from your health care provider is not acceptable. It must be a physical examination addressing the areas listed. The exam/or record of exam must be completed within **THIRTY (30) days of admission or EXCLUSION will occur.** Contact the school nurse with your appointment date or with any questions or concerns (see reverse).

Please take this form with your child to your family physician and have it completed. If his/her physical on file is less than one year old, the doctor may complete the form based on that exam. If not, your child may be required to have a new physical. *(Please note: participation in middle and high school sports will require a more comprehensive exam & completion of additional forms. Contact the nurse or athletic department for those forms).* Return this form to the nurse at the child's school (see reverse) within **THIRTY (30)** days of admission to avoid exclusion.

Student Name: _____ **Date of Birth:** _____
Date of Exam: _____
Height: _____ **Weight:** _____ **Blood Pressure:** _____ **Pulse:** _____

PHYSICAL	HEALTH HISTORY
Nutrition	Allergies?
Skin	a. Food?
Eyes without glasses Rt _____ Left _____	b. Environment?
with glasses Rt _____ Left _____	c. Medication?
ENT	Present Medications?
Heart	Seasonal Medications?
Lungs	Frequent Colds?
Abdomen	Ear Infections?
Lymph System	Any Accidents?
Neuromuscular	Surgery?
Orthopedic	Chronic Illness?
COMMENTS:	

Vaccine Type	1 st dose M/Day/Yr	2 nd dose M/Day/Yr	3 rd dose M/Day/Yr	4 th dose M/Day/Yr	5 th dose M/Day/Yr
DTaP/Td					
Tdap					
Polio					
Measles Mumps Rubella (MMR)					
Hepatitis B					
Varicella					
Haemophilus B (HIB)					
Hepatitis A					
Pneumococcal Conjugate					
Meningococcal					
HPV (Human Papilloma virus)					
Other					
Tuberculin Testing (Mantoux)					

PHYSICIAN'S SIGNATURE / DATE: _____

PHYSICIAN'S STAMP:



WASHINGTON TOWNSHIP SCHOOL NURSES



Kindergarten

Grenloch	Tina Guerra, RN	227-1303	x4430
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Elementary Schools

Bells	Melissa Wicken, RN	589-8441	x3230
Birches	Barrie Weidner, RN	232-1290	x3130
Hurffville	Ann Marie Gilbert, RN	589-7459	x4030
Thomas Jefferson	Cindy Johnson, RN	589-7936	x3806
Wedgwood	Deborah Sernicola, RN	227-8110	x3630
Whitman	Carol Ann Wesh, RN	227-1103	x3430

Middle Schools

Bunker Hill	Debra D'Alonzo, R.N.	881-7007	x5030
Chestnut Ridge	Rosemary Coleman, RN	582-3535	x5330
Orchard Valley	Kathleen Luckiewicz, RN	582-5353	x5631

High School

9-10 Building	Theresa Cotton, RN	589-8500	x7631
11-12 Building	Jenny Hudock, R.N.	589-8500	x7044