

# 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 meaning if your previous school has a PE on file, they will send those records and child will not be required to get another. A note from your health care provider is not acceptable.** You may use your physician's own physical form, but it must address the areas listed. The exam/or record of exam must be completed within **THIRTY (30)** days of admission or EXCLUSION will occur.

*(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 <sup>st</sup> dose M/Day/Yr	2 <sup>nd</sup> dose M/Day/Yr	3 <sup>rd</sup> dose M/Day/Yr	4 <sup>th</sup> dose M/Day/Yr	5 <sup>th</sup> 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 OF EXAM:** \_\_\_\_\_

