Bernards Township Public Schools
Nursing Department

Grade Entering:_____

Physical Examination

(To be completed by Physician)

Student Name:_____ **Date of Birth:** _____ / _____ / _____

Vaccine Type	MO/ DAY /YR	MO/ DAY/ YR	MO/ DAY/ YR	MO/ DAY/ YR	MO/ DAY/ YR	MO/ DAY/ YR	MO/ DAY/ YR
Diptheria, Tetanus, Pertussis (Please Specify Type, Td, DT							
Tdap * *Entering grade six OR above							
Polio- (Please Indicate)	IPV / OPV	IPV / OPV	IPV / OPV	IPV / OPV	IPV / OPV	IPV / OPV	IPV / OPV
Measles, Mumps, Rubella (MMR)					Document single antigen, serology, varicella disease		
Haemophilus B (HIB)					Hepatitis B	Date:	Titer:
Hepatitis B					Varicella	Date:	Titer:
Meningococcal * *Entering grade six OR above					Measles	Date:	Titer:
Varicella					Mumps	Date:	Titer:
Hepatitis A					Rubella	Date:	Titer:
Pneumococcal Conjugate							
HPV (Human Papillomavirus)							
Flu * *Ages 6-59 months							
Other							
Mantoux TB Test * *See EXEMPT countries	Date Given: _____/_____/_____		Date Read: _____/_____/_____		Result: _____MM		

Date of Exam: _____ / _____ / _____ **Ht:** _____ **Wt:** _____ **B/P:** _____

Allergies: _____ **Medications:** _____

Significant Medical / Surgical History:_____

Vision (without glasses): Rt.: 20 / _____ **Lt.: 20 /** _____ **(with correction): Rt.: 20 /** _____ **Lt.: 20 /** _____

Hearing: Rt.:_____ **Lt.:**_____ ***Vision and Hearing MUST be completed by physician's office***

	Normal	Abnormal	Comments		Normal	Abnormal	Comments
Ears (otoscopic)				Genito-Urinary			
Eyes				Orthopedic			
Lymph Glands				Structural			
Thyroid				Posture			
Nose				Feet			
Throat				Skin			
Teeth / Mouth				Nutrition			
Heart				Nervous System			
Lungs				Speech			
Abdomen				Other			
Hernia				General Appearance			

ANY Limitations To: **Classroom Activities Yes_____ No_____ If yes, comment**_____

Physical Education Yes_____ No_____ If yes, comment _____

Competitive Athletics Yes_____ No_____ If yes, comment _____

Give details of management of significant illnesses: _____

STAMP

(MUST BE PRESENT FOR THIS TO BE VALID)

Examining Practitioner:_____