

**WEST MILFORD TOWNSHIP PUBLIC SCHOOLS
STUDENT PHYSICAL EXAMINATION**

Date of Exam _____

NAME _____ BIRTH DATE _____ GRADE _____ SEX M _____ F _____

ADDRESS _____ HEIGHT _____ WEIGHT _____

EARS _____ EYES _____ LYMPH GLANDS _____ THYROID _____

NOSE _____ THROAT _____ TEETH/MOUTH _____ HEART _____

LUNGS _____ ABDOMEN _____ HERNIA _____

GENITO-URINARY _____ SPINE/SCOLIOSIS _____ FEET/POSTURE _____

SKIN _____ NUTRITION _____ NERVOUS SYSTEM _____ SPEECH _____

OTHER _____ GENERAL APPEARANCE _____

BP _____ HEARING R _____ L _____ VISION R _____ L _____

**CODE: N-Normal X-Needs Attention

Please circle the appropriate vaccine and types given below for the DPT and Polio sections. It is required by the NJDOH.

PAST HISTORY

IMMUNIZATION RECORD

DISEASE

AGE

DATES (Month/Day/Year)

VACCINE (circle one)

Date Given

Chicken Pox _____

DT DTP Dtap 1 _____

German Measles _____

DT DTP Dtap 2 _____

Measles _____

DT DTP Dtap 3 _____

Mumps _____

DT DTP Dtap 4 _____

Strep Infections _____

DT DTP Dtap 5 _____

MRSA _____

TDAP _____

Pneumonia _____

OPV IPV 1 _____

Asthma _____

OPV IPV 2 _____

Tuberculosis or Contact _____

OPV IPV 3 _____

Otitis Media _____

OPV IPV 4 _____

Heart Disease _____

MMR 1 _____

Epilepsy/Seizure Disorder _____

MMR 2 _____

Congenital Defect _____

HIB 1 _____

Rheumatic Fever _____

HIB 2 _____

Lyme Disease _____

HIB 3 _____

Lead Poisoning _____

HIB 4 _____

Allergies: Foods _____

HEP B 1 _____

Pollen, Grass, Weeds, etc. _____

HEP B 2 _____

Medications _____

HEP B 3 _____

Injuries: _____

VARICELLA 1 _____

Surgery: _____

VARICELLA 2 _____

Hospitalizations: _____

PNEUMOCOCCAL CONJUGATE _____

Comments: _____

INFLUENZA _____

MENIMUNE MENACTRA _____

GARDISIL _____

HEP A 1 _____

HEP A 2 _____

Mantoux/TB Test
Date Adm. _____

Results: _____

Physician's Signature _____

Phone No.: _____

Date: _____

Print or Stamp M.D. name: _____

**KINDERGARTEN PHYSICAL AND IMMUNIZATIONS MUST BE UP-TO-DATE,
COMPLETED AND SUBMITTED PRIOR TO SCHOOL ENTRY.**