

**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

<u>DISEASE</u>	<u>AGE</u>
Chicken Pox	_____
German Measles	_____
Measles	_____
Mumps	_____
Strep Infections	_____
MRSA	_____
Pneumonia	_____
Asthma	_____
Tuberculosis or Contact	_____
Otitis Media	_____
Heart Disease	_____
Epilepsy/Seizure Disorder	_____
Congenital Defect	_____
Rheumatic Fever	_____
Lyme Disease	_____
Lead Poisoning	_____
Allergies: Foods	_____
Pollen, Grass, Weeds, etc.	_____
Medications	_____
Injuries:	_____
Surgery:	_____
Hospitalizations:	_____
Comments:	_____

DATES (Month/Day/Year)

<u>VACCINE (circle one)</u>	<u>Date Given</u>
DT DTP Dtap 1	_____
DT DTP Dtap 2	_____
DT DTP Dtap 3	_____
DT DTP Dtap 4	_____
DT DTP Dtap 5	_____
TDAP	_____
OPV IPV 1	_____
OPV IPV 2	_____
OPV IPV 3	_____
OPV IPV 4	_____
MMR 1	_____
MMR 2	_____
HIB 1	_____
HIB 2	_____
HIB 3	_____
HIB 4	_____
HEP B 1	_____
HEP B 2	_____
HEP B 3	_____
VARICELLA 1	_____
VARICELLA 2	_____
PNEUMOCOCCAL CONJUGATE	_____
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.**