

West Deptford Township Public Schools

675 Grove Road, Suite 804 • West Deptford, NJ 08066-1999

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www.wdeptford.k12.nj.us

MEDICAL HISTORY & PHYSICAL EXAMINATION FORM

To be completed by the PHYSICIAN only & must be returned to school within 30 days upon admission.

- Student **CANNOT** begin school without proof of IMMUNIZATION, in accordance with *N.J.A.C. 8:57-4.1 et seq.*
- The physical exam must have been conducted within one (1) year since the last physical exam.

STUDENT: _____ **BIRTHDATE:** ____/____/____
mm dd yyyy

Significant Health History: _____

Current Medications (if any): _____

VISION

HEARING

Height _____

Right Eye 20 / _____

Right Ear _____

Weight _____

Left Eye 20 / _____

Left Ear _____

Blood Pressure _____

Correction: ___Yes ___No

REVIEW OF SYSTEMS	FINDINGS	COMMENTS / CONCERNS
	✓ =	<i>Within Normal Limits</i>
General Appearance		
Skin		
Ears		
Eyes		
Lymph Glands		
Thyroid		
Nose		
Throat		
Teeth-Mouth		
Heart (Rate & Rhythm)		
Lungs		
Abdomen		
Genito-Urinary		
Hernia		
Nutrition		
Nervous System		
Speech		
Orthopedic (Structure & Posture)		
Other		

Important! Up-to-date IMMUNIZATION record must be attached to this form.

Physician's Name : _____ Physician's Signature _____

Physician's Address : _____

Physician's Phone : _____ Date of Examination: ____/____/____