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

PAST HISTORY

DISEASE	AGE
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:	

Mantoux/TB Test
Date Adm._____ Results:_____

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

IMMUNIZATION RECORD

VACCINE (circle one)	Date Given (Month/Day/Year)
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	

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.

Revised 11/05/08