

**PARAMUS PUBLIC SCHOOLS**  
**Paramus, New Jersey**

**STUDENT PHYSICAL EXAMINATION FORM**

**For Grades pre K through 8**

All students in Early Childhood, Kindergarten, grades three, six and nine, as well as all new students in Paramus Public Schools, are required to have a physical examination. Please arrange for the necessary examination with your child's health care provider and return this completed form to the school nurse (within 30 days for all new students).

***No child will be allowed to participate in physical education classes without this examination and recommendation by the examining healthcare provider.***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**PHYSICAL EXAM:** Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_ Pulse \_\_\_\_\_

Vision \_\_\_\_\_ without correction: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Hearing: Right \_\_\_\_\_

\_\_\_\_\_ with correction: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Left \_\_\_\_\_

Urine \_\_\_\_\_ Hgb/Hct \_\_\_\_\_  
(protein, sugar)

Skin – Scalp \_\_\_\_\_ Acne \_\_\_\_\_ Eczema \_\_\_\_\_

Eyes: Lids \_\_\_\_\_ Conjunctiva \_\_\_\_\_ Pupils \_\_\_\_\_ Ears: Canal \_\_\_\_\_ Eardrum \_\_\_\_\_

Nasal passages \_\_\_\_\_ Throat \_\_\_\_\_ Tonsils \_\_\_\_\_ Teeth \_\_\_\_\_

Neck \_\_\_\_\_ Heart \_\_\_\_\_ Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_ Genitalia \_\_\_\_\_ Menses \_\_\_\_\_

Orthopedic: Posture \_\_\_\_\_ Spine \_\_\_\_\_ Feet \_\_\_\_\_ Extremities \_\_\_\_\_

Operations \_\_\_\_\_ Injuries \_\_\_\_\_

Allergies (include food, drug, insect bites): \_\_\_\_\_

Does student take any medication on a regular or prn basis? ☐ **Yes** ☐ **No**

Name of medication / dosage: \_\_\_\_\_ Reason \_\_\_\_\_

Significant past illnesses? \_\_\_\_\_

Current and / or health problems (asthma, ADHD, etc.)? \_\_\_\_\_

Significant family medical history \_\_\_\_\_

Full physical education program recommended? ☐ **Yes** ☐ **No**

Impact of current medical management on student's learning processes, if any \_\_\_\_\_