

FLEMINGTON RARITAN REGIONAL SCHOOLS
STUDENT HEALTH AND PHYSICAL EXAM FORM
(FOR USE IN GRADES PRE-K TO 4)

Student's Name: _____ **Birth Date:** _____

Sex: ☐ Male ☐ Female **Immunization Registry Number:** _____

DISEASE HISTORY	TYPE/ YEAR	DISEASE HISTORY	TYPE/YEAR
Food Allergies		Mononucleosis	
Non-Food, non-drug allergies		Neuromuscular Disorder	
Asthma		Chronic Otitis Media	
Congenital Disorder		Autoimmune Disorder	
Convulsive Disorder		Strep Infections	
Diabetes		Juvenile Rheumatoid Arthritis	
Influenza		Autism Spectrum Disorder	
Other		Hematological Disorder	
Drug Allergies		ADD/ADHD	
Heart Disease		Concussion/TBI	
Chicken Pox		Vision Disorder	
Hepatitis		Hearing Disorder	
Lyme Disease			

OPERATION/INJURIES (PLEASE SPECIFY):

1.
2.
3.

ADDITIONAL COMMENTS:

IMMUNIZATIONS: PLEASE ATTACH STUDENT'S VACCINE RECORD

Influenza: Required for Pre-School only

Tdap and Meningococcal: Required for entrance into 6th grade

Mantoux (PPD)	Date administered:	Date Read and Results:	Vaccine, BCG date
IGRA			

MEDICATIONS: _____

*** Kindly provide medication order if medication is required during school hours***

ALLERGIES (Drug/Environmental/Food):

Student Requires Epinephrine: ____ No ____ Yes → A med order & 2 Epinephrine auto injectors are needed for school

Student Requires Rescue Inhaler: ____ No ____ Yes → A med order & an inhaler are needed for school.

*****Please consider allowing 5th through 8th grade students to self-administer for sports and class trips*****

Student's Name: _____ **Exam Date** _____

Height:	Weight:	Pulse:	B/P:
Vision:	Uncorrected	Right:	Left:
Vision:	Corrected	Right:	Left:
Hearing Screen:		Right:	Left:
	Normal Exam	Abnormal Findings:	
Head			
Eyes			
Ears			
Nose			
Throat			
Lymph Glands			
Heart			
Lungs			
Abdomen			
Hernia			
Genitalia			
Skin			
Orthopedic			
Scoliosis			
Neurological			
Speech			
Nutrition			

Any Limitation of Activity? : ☐ No ☐ Yes (Please define):

Physician's Comments and Recommendations:

Physician signature: _____

Date: _____

Physician's Name, Address and Telephone #:
