



LONG BRANCH PUBLIC SCHOOLS
SCHOOL HEALTH SERVICES
“WHERE CHILDREN MATTER MOST”

FORM MUST BE COMPLETED BY DOCTOR & RETURNED TO NURSE

District policy requires students to have periodic physical exams as follows:

- ALL NEW STUDENTS Pre K -12
- STUDENTS IN GRADES 4,10
- Pupil Personnel Service Referrals
- Working Papers

Please have your child's Health Care Provider complete this form and return it to the School Nurse. Examinations completed within the past 6 months do not have to be repeated, but documentation of the examination is required.

Student _____ Grade _____ School: _____

Date of birth _____ Teacher _____ Exam Date: _____

DPT #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

Tdap #1 _____

OPV/IPV #1 _____ #2 _____ #3 _____ #4 _____

HIB #1 _____ #2 _____ #3 _____ #4 _____

MMR #1 _____ #2 _____ #3 _____

HEP B #1 _____ #2 _____ #3 _____

HEP A #1 _____ #2 _____

Varivax #1 _____ #2 _____

Gardasil #1 _____ #2 _____ #3 _____

Menactra #1 _____

MMR Titer date _____ Pos./Neg. Varicella Titer date _____ Pos./Neg.

Seasonal Flu Vaccine #1 _____ #2 _____

H1N1 (Swine) Flu Vaccine #1 _____ #2 _____

Medical or Religious Exemption/explain _____

OVER

Past Medical History_____

Current Medications_____

Ht._____ Wt._____ BMI_____ B/P_____ Pulse_____

Eyes_____ Vision R 20/_____, L 20/_____, Glasses/Contacts_____

Hearing: Right_____, Left_____

Ears(otoscopic)_____ Myringotomy Tubes Right_____, Left_____

Nose, throat, mouth_____

Cardiovascular_____

Respiratory_____

Genito-urinary_____

Hernia_____

Liver_____

Lymph glands_____

Musculoskeletal_____

Neurological_____

Nutrition_____

Posture/Scoliosis_____

Skin_____

Speech_____

Spleen_____

Laboratory Tests_____

1. Is student subject to any condition which limits:

Physical education?_____

Competitive sports?_____

Classroom activities?_____

2. Is there any emotional, mental or physical condition for which the student should remain under periodic medical supervision?_____

*MEDICAL OFFICE STAMP:

TODAY'S DATE_____

SIGNATURE OF PHYSICIAN