

# West Deptford Township Public Schools

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[www.wdeptford.k12.nj.us](http://www.wdeptford.k12.nj.us)

## MEDICAL HISTORY & PHYSICAL EXAMINATION FORM

**(THIS FORM WILL BE COMPLETED BY YOUR PHYSICIAN & MUST BE SUBMITTED TO SCHOOL W/IN 30 DAYS UPON ADMISSION)**

- The physical examination must have been conducted within the last 365 DAYS.

- KINDERGARTEN physical examination must be completed within 365 days prior to the first day of school.
- KINDERGARTEN cannot begin school without proof of IMMUNIZATION, in accordance with *N.J.A.C. 8:57-4.1 et seq.*

STUDENT: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm      dd      yyyy

Significant Health History: \_\_\_\_\_

Current Medications (if any): \_\_\_\_\_

It is required to attach to this form the OFFICIAL IMMUNIZATION RECORD from the physician's office.

	<b>VISION</b>	<b>HEARING</b>
Height _____	Right Eye 20 / _____	Right Ear _____
Weight _____	Left Eye 20 / _____	Left Ear _____
Blood Pressure _____	Correction: ___ Yes    ___ No	

REVIEW OF SYSTEMS	FINDINGS	COMMENTS / CONCERNS
✓ = Within Normal Limits		
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		

Physician's Name : \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Physician's Address : \_\_\_\_\_

Physician's Phone : \_\_\_\_\_ Date of Examination: \_\_\_\_/\_\_\_\_/\_\_\_\_