

West Deptford Township Public Schools

675 Grove Road, Suite 804 • West Deptford, NJ 08066-1999

Phone (856) 848-4300 • Fax (856) 845-5743

www.wdeptford.k12.nj.us

MEDICAL HISTORY & PHYSICAL EXAMINATION FORM

- This Form must be returned to school within 30 days upon admission.
- Student **CANNOT** begin school without proof of IMMUNIZATION, in accordance with N.J.A.C. 8:57-4.1 et seq.
- The physical examination must have been conducted within the last 365 days from enrollment date.
- ****Preschool/Kindergarten physicals must be completed within 365 days prior to the first day of school****

STUDENT: _____ **BIRTHDATE:** ____/____/____
mm dd yyyy

Significant Health History: _____

Current Medications (if any): _____

Allergies: _____

	VISION	HEARING
Height _____	Right Eye 20 / _____	Right Ear _____
Weight _____	Left Eye 20 / _____	Left Ear _____
Blood Pressure _____	Correction: ___Yes ___No	

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

Important! Up-to-date IMMUNIZATION record must be attached to this form.

Physician's Name : _____ Physician's Signature _____

Physician's Address : _____

Physician's Phone : _____ Date of Examination: ____/____/____