



BRIDGEWATER - RARITAN REGIONAL SCHOOL DISTRICT

Physical Examination & Immunization Requirements for 6th Grade Students

Dear Parent/Guardian of an incoming 6th grade student:

The New Jersey Department of Education recommends that all students have a physical examination by their private physician periodically for the protection of their health. The Bridgewater-Raritan Regional School District **strongly recommends that these examinations be performed on all students in SIXTH and tenth grades.** I am enclosing a Health History Questionnaire and Physical Examination Form to be completed by you and your child's physician. In addition, **the following two vaccines ARE REQUIRED** by the New Jersey Department of Health and Senior Services for all students entering 6th grade.

DIPHTHERIA and TETANUS TOXOIDS and PERTUSSIS VACCINE

Every child born on or after January 1, 1997, and entering or attending Grade Six, or a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10th birthday. *Please note: Children who received a Td booster done less than five years prior to Sixth Grade entry or attendance shall not be required to receive a Tdap dose until five years have elapsed from the last DTP/DTap or Td dose.*

MENINGOCOCCAL VACCINE

Every child born on or after January 1, 1997 and entering or attending Grade Six or a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of a meningococcal-containing vaccine, such as the medically-preferred meningococcal conjugate vaccine. *Please note: This applies to students when they turn 11 years of age and attending Grade Six.*

Please have these vaccinations done prior to the start of school in September. **Your child will not be allowed to start school without these state-mandated vaccines.** Students who have an 11th birthday occurring after September 1 will be given a 2-week grace period to complete this requirement. Please use the bottom portion of this letter to obtain documentation of vaccination by your child's physician.

Student Name: _____

Tdap: Month ____ Day ____ Year ____ Meningococcal: Month ____ Day ____ Year ____ Type _____

Physician Signature: _____ Physician Stamp: _____

PLEASE RETURN TO SCHOOL NURSE PRIOR TO STARTING SCHOOL.

BRIDGEWATER-RARITAN REGIONAL SCHOOL DISTRICT
1st-12th GRADE – STUDENT HEALTH HISTORY

Date of last physical exam: _____

Student's Name _____ Date of Birth: _____ Age: _____ Sex: _____

School: _____ Grade: _____ Homeroom: _____

Address: _____ Home Phone: _____
(Street) (City, State Zip)

Physician: _____ Phone: _____ Fax: _____

PAST MEDICAL HISTORY: Parent/Guardian to Complete, and Physician/Medical Provider to Review.

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Allergic Rhinitis | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Earache | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Colds (Freq.) | <input type="checkbox"/> Fainting | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Colitis | <input type="checkbox"/> Gallstones | <input type="checkbox"/> Migraines | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Depression | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hiatal Hernia | <input type="checkbox"/> Pancreatitis | <input type="checkbox"/> _____ |

Other/Explain: _____

Known allergies: _____

Medications Currently in Use: _____

- PAST SURGICAL HISTORY:** Tonsillectomy Appendectomy Cholecystectomy
 Herniorrhaphy Other _____

Parent gives permission for the school nurse to share medical information with school staff as necessary.

Signature of Parent/Guardian

Date

PHYSICIAN EVALUATION FORM

Student's Name: _____ D.O.B. _____ Grade: ____ Homeroom: _____

FOLLOWING INFORMATION TO BE COMPLETED BY PHYSICIAN OR MEDICAL PROVIDER

IMMUNIZATIONS: PLEASE ATTACH COPY OF CURRENT IMMUNIZATIONS.

Height: _____ Weight: _____ Blood Pressure: _____ / _____ Pulse: _____ bpm _____

Vision: R 20/ _____ L 20/ _____ Corrected: Yes / No Contacts: Yes / No Glasses: Yes / No

Pupils: Equal _____ Unequal _____ Hearing: R _____ L _____

Indicators	Normal		Abnormal Findings	Initials
Head/Neck	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Eyes / Sclera / Pupils	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Ears	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Nose / Mouth / Throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Heart: Murmur / Rhythm	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Lungs: Auscultation/ Percussion	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Chest Contour	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Skin	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Abdomen: Assessment (include liver, spleen)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Tanner Stage: Testes/Onset of Menses	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Neck/Back/Spine: Range of Motion	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Scoliosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Upper Extremities	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Lower Extremities	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Neurological: Balance & Coordination	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Romberg	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Heel Walk	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Tandem Walk	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Toe Walk	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Nose Touch	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Additional observations: _____ _____				

CLEARANCE: A. Student may participate in Physical Education: Yes No

B. **NOT CLEARED** for Physical Education:

Diagnosis: _____

Recommendations: _____

Provider's Signature: _____

Date of Exam: _____

Physician/Provider Stamp

Meningococcal Invasive Disease

Frequently Asked Questions

What is meningococcal invasive disease?

Meningococcal (muh-nin-jo-cok-ul) disease is a serious illness caused by a type of bacteria (germs) called *Neisseria meningitidis*. The disease may result in inflammation of the lining of the brain and spinal cord (meningococcal meningitis) and/or a serious blood infection (meningococcal septicemia). Meningococcal disease can become deadly in 48 hours or less. Even with treatment, 10-15% of people die. Others have long-term complications such as brain damage, learning problems, skin scarring, hearing loss, and loss of arms and/or legs.

Who gets meningococcal invasive disease?

Although it can occur in people of all ages, infants, preteens, teens, and young adults have the highest rates of meningococcal invasive disease in the United States. College students and military recruits are also slightly more at risk for the disease because of time spent in crowded living conditions like dorms or barracks. People with certain medical conditions or immune system disorders including a damaged or removed spleen are also at higher risk.

How do people get meningococcal invasive disease?

The bacteria are spread from person-to-person through the exchange of saliva (spit), coughs, and sneezes. You must be in direct (close) or lengthy contact with an infected person's secretions to be exposed. Examples of close contact include:

- Kissing
- Sharing items that come in contact with the mouth (water bottles, eating utensils, cigarettes and smoking materials, cosmetics (lip balm))
- Living in the same house
- Sleeping in the same residence (sleep overs)

About 1 out of 10 people carry meningococcal bacteria in their nose and throat, but don't get sick. These people are known as carriers. Although carriers do not have any signs or symptoms, they can still spread the bacteria and make others sick. Since so many people carry the bacteria, most cases of meningococcal invasive disease appear to be random and are not linked to other cases.

Can people with meningococcal invasive disease pass the illness to others?

The infectious period for meningococcal disease is considered to be from 7 days before the person got sick to 1 day after he or she starts on antibiotics. This means that people who were in close contact with the sick person during this time are at higher than average risk to get meningococcal invasive disease.

People who are identified as close contacts should receive antibiotics to prevent them from getting the disease. The bacteria are NOT SPREAD by casual contact activities like being in the same work or school room as the sick person. The bacteria that cause meningococcal invasive disease are less infectious than the viruses that cause the common cold or flu.

What are the symptoms of meningococcal invasive disease?

- Confusion
- Fatigue (feeling very tired)
- Fever and chills
- In later stages, a dark purple rash
- Nausea and vomiting
- Rapid breathing
- Sensitivity to light
- Severe headache
- Stiff neck

How is meningococcal invasive disease diagnosed?

A health care provider diagnoses meningococcal invasive disease by obtaining the history of symptoms, performing a physical examination, and examining blood and spinal fluid.

What is the treatment for meningococcal invasive disease?

It is important that treatment be started as soon as possible. Most people with meningococcal disease are hospitalized and treated with antibiotics. (NOTE: It is very important to finish your antibiotics even if you begin to feel better, unless otherwise directed by your health care provider.) Depending on the severity of the infection, other treatments may also be necessary. These can include such things as breathing support, medications to treat low blood pressure, and wound care for parts of the body with damaged skin.

How can meningococcal invasive disease be prevented?

Meningococcal conjugate vaccine is the best way to prevent meningococcal invasive disease. The vaccine protects against four of the five types of bacteria (A, C, W, and Y) that cause almost all cases of meningococcal invasive disease worldwide. When you are 11-12 years old, you will need the first dose. When you are 16 years old, you will need a booster shot (an additional dose).

There are also vaccines to help protect against meningococcal type B. MenB vaccine is recommended for people 10 and older who are at increased risk. It may be given to people 16 through 23 years old (preferably at 16 through 18 years old) in addition to the routinely administered meningococcal conjugate vaccine, to help provide broader protection. Ask your healthcare provider if your child should receive this vaccine.

Where can I get additional information?

- Your health care provider
- Your local health department <http://localhealth.nj.gov>
- NJ Department of Health website www.nj.gov/health/cd
- Protect Me With 3+ www.protectmewith3.com
- Centers for Disease Control and Prevention (CDC) www.cdc.gov/meningococcal

This information is intended for educational purposes only and is not intended to replace consultation with a health care professional. Adapted from Centers for Disease Control and Prevention

Revised 07/17

New Jersey Department of Health