

Mansfield Township Elementary School

It is required that all children entering the district provide documentation of a complete physical within the last 365 days.
 Report may be faxed to the school at 908-689-6576.

STUDENT PHYSICAL

Name:

Date of Birth

Height:

Weight:

B/P:

Skin:

Scalp:

Nose:

Teeth:

Glands:

Abdomen:

Spine:

Heart:

Lungs:

Feet:

Throat:

Joints:

<u>Eyes:</u>	<u>Vision R:</u>	<u>L:</u>
<u>Ears:</u>	<u>Hearing R:</u>	<u>L:</u>

Health History

<u>DISEASE</u>	<u>Y/N</u>	<u>AGE</u>	<u>DISEASE</u>	<u>Y/N</u>	<u>AGE</u>
Chicken Pox			Whooping Cough		
German Measles			Tuberculosis		
Measles			Positive Mantoux		
Mumps			Tonsillitis/Strep		
Scarlet Fever			Otitis Media		
Diphtheria			Seizure Disorder		
Pneumonia			Fifth's Disease		

Mansfield Township Elementary School

It is required that all children entering the district provide documentation of a complete physical within the last 365 days.
 Report may be faxed to the school at 908-689-6576.

<u>Allergies:</u>	<u>Previous Injuries:</u>
<u>Current Medications:</u>	<u>Previous Surgeries:</u>

Other Significant Health History: _____

Immunizations

<u>DPT:</u>							<u>Tdap</u>		<u>Polio</u>				
--------------------	--	--	--	--	--	--	--------------------	--	---------------------	--	--	--	--

<u>MMR</u>			<u>Pneumococcal</u>		<u>HepatitisB</u>			
-------------------	--	--	----------------------------	--	--------------------------	--	--	--

<u>Mantoux</u>		<u>Result</u>		<u>Menactra</u>		<u>HIB</u>			
-----------------------	--	----------------------	--	------------------------	--	-------------------	--	--	--

<u>Varicella</u>		<u>FLU</u>		<u>Other</u>			
-------------------------	--	-------------------	--	---------------------	--	--	--

Doctor's Name: _____ **Signature(required):** _____

Address: _____

Phone Number: _____ **Date(required):** _____