

*Manville Public Schools Health Offices  
Manville, New Jersey*

*Weston Elementary*  
600 Newark Ave.  
(908) 231-8550  
Fax: (908) 429-0280

*Roosevelt School*  
410 Brooks Blvd.  
(908) 231-8614  
Fax: (908) 231-1881

*A.B.I.S.*  
100 N. 13<sup>th</sup> Ave.  
(908) 231-8530  
Fax: (908) 231-8538

*Manville High School*  
1100 Brooks Blvd.  
(908) 231-8520  
Fax: (908) 231-8532

PHYSICAL EXAMINATION (To Be Completed by a Licensed Healthcare Provider)

**NAME** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Date of Physical:** \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Posture \_\_\_\_\_ Scoliosis \_\_\_\_\_ Extremities \_\_\_\_\_  
Nutrition \_\_\_\_\_ Gums \_\_\_\_\_  
Feet \_\_\_\_\_ Skin \_\_\_\_\_

**Visual Testing:** OD: 20 / OS: 20/ OU: 20/ \_\_\_\_\_  
Test used \_\_\_\_\_

**Auditory Testing:** Right Ear: \_\_\_\_\_ Left Ear: \_\_\_\_\_ Test Used: \_\_\_\_\_

Neurological \_\_\_\_\_ Thyroid \_\_\_\_\_ Other Glands \_\_\_\_\_  
Heart \_\_\_\_\_ Lungs \_\_\_\_\_  
Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_  
Genitals \_\_\_\_\_ LMP (females) \_\_\_\_\_

TB test: date \_\_\_\_\_ type \_\_\_\_\_ Read Date: \_\_\_\_\_ Results: \_\_\_\_\_

Recent Immunizations (may attach copy of record): \_\_\_\_\_

Allergies: Food \_\_\_\_\_  
Medication \_\_\_\_\_

Previous surgery/hospitalization (type and dates): \_\_\_\_\_  
\_\_\_\_\_

Medical diagnosis if any: \_\_\_\_\_

Comments/Recommendations: \_\_\_\_\_  
\_\_\_\_\_

Restrictions, if any: \_\_\_\_\_

General Condition: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

This student ( ) may, ( ) may not participate in Physical Education and all sports.

**Please sign and stamp**

Healthcare Provider Signature \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_

Provider Stamp
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**All students (PreK thru Grade 12): A completed physical and up-to-date proof of immunizations are required upon district enrollment.**

**NOT A N.J.A.C. SPORTS PHYSICAL EXAMINATION**