



**BRIELLE ELEMENTARY SCHOOL**  
**605 UNION LANE**  
**BRIELLE, NEW JERSEY 08730**  
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**STACIE POELSTRA**  
Superintendent/  
Principal

**NANCY PEARSON**  
Director of Student  
Personnel Services/Guidance

**STEPHANIE PENNETTI**  
Dean of Students

**DIANE QUIGLEY**  
Business Administrator/  
Board Secretary

## New Student Physical Examination Form

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Entering Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Exam Date \_\_\_\_\_ Allergies \_\_\_\_\_

Pulse \_\_\_\_\_ BP \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Vision R \_\_\_\_\_ L \_\_\_\_\_

HEENT \_\_\_\_\_

Heart & Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_

Genitalia \_\_\_\_\_

Extremities \_\_\_\_\_

Skin \_\_\_\_\_

Significant PMH \_\_\_\_\_

Remarks/Significant Findings:

\_\_\_\_\_

\_\_\_\_\_

Physician's/Provider's Stamp

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Today's Date

- Please attach a copy of child's most recent
- vaccine record