EAST BRUNSWICK

Michael Cappiello, *Principal*
Jason Garzone, *Assistant Principal*
Joseph Adochio, *Assistant Principal*
Kelly Nakielny, *Assistant Principal*

PARENT/GUARDIAN REQUEST FOR SCHOOL PHYSICAL

Date:_____

Dear Parent/Guardian

New Jersey State Law requires that all students must have a physical examination by their own family doctor upon entry into the school district. Physicals are also required for students in grade 9 and any student new to the school district.

Physicals are also required if you plan to apply for working papers and/or participate in school sports (a sports physical meets the requirements for an entrance physical). If you do not have a doctor, the school district is able to perform this exam.

Please check one of the following and return this form to the school nurse at the start of the school year.

____ I do have a family doctor who will provide this exam at my own expense. A copy of the required district form will be completed by my family doctor and returned to the school nurse with his/her findings, recommendations, and any restrictions within 31 days of receipt of this notice.

____ My child will be getting a yearly physical at _____.

____ I do NOT have a family doctor and request that the school doctor provide the physical examination.

_____ _____
Student Name (PRINTED) Grade

_____ _____
Parent/Guardian Signature Date

PLEASE RETURN TO SCHOOL NURSE