



RCDS Annual Health Screening Form

School health offices are required by state law to screen students annually per N.J.A.C. 6A:16-2.4(a)1. These screenings differ by grade but include height, weight, blood pressure, hearing, vision, and scoliosis.

Please bring these forms to your child's annual physical for your pediatrician to complete.

1. The **Medical Eligibility Form** is to be completed and signed by the physician. Please upload this form to your student's Magnus account.

2. The **Annual Health Screening Form** is to be completed by the physician. Please upload to your student's Magnus account.

3. The **NJ State Preparticipation Physical Evaluation Form** is to be completed by the parent and physician. This form is to stay filed at your doctor's office and does not return to RCDS per the NJ Department of Education.

Student: _____ DOB: _____

Date of Physical Exam: _____

Office Signature: _____

5th	Height		7th	Height	
	Weight			Weight	
	Blood Pressure			Blood Pressure	
	Scoliosis			Hearing	
6th	Tdap and Meningococcal Vaccination	Due before the start of 6th grade/11 yrs or older		Scoliosis	
6th	Height		8th	Height	
	Weight			Weight	
	Blood Pressure			Blood Pressure	
6th G	Vision (with or without correction)	R L		Vision (with or without correction)	R L