

**PORT REPUBLIC SCHOOL DISTRICT**

137 Pomona Avenue Port • Republic, NJ 08241

Phone: (609) 652-7377 **Fax:** (609) 652-3664**Dennis J. Anderson**
Superintendent**Todd D'Anna**
Business Administrator

Physical Examination Form

Please have your physician complete both sides this form and return it to the school nurse

The N.J. State Department of Education guidelines for School Health state that student physical examinations are to be performed by your health care provider (N.J.A.C. 6a:16-2.2). Physical examinations are **highly recommended** for students in **Grades 3 and 6**. New student transfers are **required** to have had a physical during the past year, with a full report sent to the school. **New student transfers are given 30 days to complete this requirement.**

Student's Name	Sex	D.O.B.
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Allergies:	Asthma:	Rheumatic Fever:
Drug Sensitivities:	Chicken Pox:	Otitis Media (ear infections):
Lyme Disease:	Fainting spells or convulsions:	Strep infections:
Hepatitis:	Diabetes:	Mononucleosis:
Neuromuscular Disorder:	Heart Condition:	Other:

Operations: _____

Serious Injuries: _____

Congenital Defects: _____

Medications: _____

(If student needs to have medication during school hours please fill out medication administration form)

Physical Exam (continued)

Student Name: _____

Height:	Nose:	Extremities:
Weight:	Throat:	Glands:
Blood Pressure:	Teeth:	Spine/Posture:
Eyes:	Heart:	Urinalysis:
Ears:	Lungs:	
Skin:	Abdomen/Hernias:	

This child Can/Cannot participate in all regular school activities.

If cannot, please explain _____

Please include a copy of the student's Immunization Record when submitting this form

Physician's Name & Phone Number: (*please print*) _____

Physician's Signature: _____ Date: _____
