



West Deptford Township Public Schools

999 Kings Highway • West Deptford, NJ 08086
Phone (856) 848-4300 • Fax (856) 848-0897

MEDICAL HISTORY & PHYSICAL EXAMINATION FORM

- Student **CANNOT** begin school without proof of IMMUNIZATION, in accordance with N.J.A.C. 8:57-4.1 et seq.
- The physical exam must have been conducted within one (1) year since the last physical exam.
- Preschool and Kindergarten physicals must be completed within 365 days prior to the first day of school.

STUDENT: _____ BIRTHDATE: _____ / _____ / _____
mm dd yyyy

Significant Health History: _____

Current Medications (if any): _____

ALLERGIES: _____

Note to PHYSICIAN: Official IMMUNIZATION record is required. Please attach to this form.

VISION

HEARING

Height _____

Right Eye 20 / _____

Right Ear _____

Weight _____

Left Eye 20 / _____

Left Ear _____

Blood Pressure _____

Correction: ___Yes ___No

REVIEW OF SYSTEMS	FINDINGS	COMMENTS / CONCERNS
	✓ =	Within Normal Limits
General Appearance		
Skin		
Ears		
Eyes		
Lymph Glands		
Thyroid		
Nose		
Throat		
Teeth-Mouth		
Heart (Rate & Rhythm)		
Lungs		
Abdomen		
Genito-Urinary		
Hernia		
Nutrition		
Nervous System		
Speech		
Orthopedic (Structure & Posture)		
Other		

Physician's Name: _____

Physician's Signature _____

Physician's Address: _____

Physician's Phone: _____

DATE OF EXAM: _____ / _____ / _____