



**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**

“Where Children Matter Most”

FORM MUST BE COMPLETED BY DOCTOR & RETURNED TO NURSE

ESTE FORMULARIO DEBE SER LLENADO POR EL DOCTOR y DEVOLVER A LA ENFERMERA

District policy requires students to have periodic physical exams as follows:

La política del Distrito requiere que los estudiantes tienen exámenes físicos periódicos:

- All new students pre k -12/ Todos los nuevos estudiantes de pre k -12
- Students in grades 4-10/ Los estudiantes en grados 4-10
- Pupil Personnel Service Referrals/ Referidos de parte Servicios de Pupil Personell
- Working Papers/ Documentos de trabajo

Please have your child’s Health Care Provider complete this form and return it to the School Nurse. Examinations completed within the past 6 months do not have to be repeated, but documentation of the examination is required. Por favor tenga un proveedor de salud completar este formulario y devuélvalo a la enfermera de la escuela. Exámenes completados en los últimos 6 meses no tienen que ser repetido, pero se requiere la documentación del examen.

Student _____ Grade _____ School: _____

Date of birth _____ Teacher _____ Exam Date: _____

DPT #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

Tdap #1 _____

OPV/IPV #1 _____ #2 _____ #3 _____ #4 _____

HIB #1 _____ #2 _____ #3 _____ #4 _____

MMR #1 _____ #2 _____ #3 _____

HEP B #1 _____ #2 _____ #3 _____

HEP A #1 _____ #2 _____

Varivax #1 _____ #2 _____

Gardasil #1 _____ #2 _____ #3 _____

Menactra #1 _____

MMR Titer date _____ Pos./Neg. Varicella Titer date _____ Pos./Neg.

Seasonal Flu Vaccine #1 _____ #2 _____

Medical or Religious Exemption/explain _____

Past Medical History _____

Current Medications _____

Ht. _____ Wt. _____ BMI _____ B/P _____ Pulse _____

Eyes _____ Vision R 20/ _____ L 20/ _____ Glasses/Contacts _____

Hearing: Right _____ Left _____

Ears (otoscopic) _____ Myringotomy Tubes Right _____ Left _____

Nose, throat, mouth _____

Cardiovascular _____

Respiratory _____

Genito-urinary _____

Hernia _____

Liver _____

Lymph glands _____

Musculoskeletal _____

Neurological _____

Nutrition _____

Posture/Scoliosis _____

Skin _____

Speech _____

Spleen _____

Laboratory Tests _____

1. Is student subject to any condition which limits:

Physical education? _____

Competitive sports? _____

Classroom activities? _____

2. Is there any emotional, mental or physical condition for which the student should remain under periodic medical supervision? _____

*MEDICAL OFFICE STAMP:

TODAY'S DATE: _____

SIGNATURE OF PHYSICIAN

KC/kwh: 11/3/15