



Office of the Superintendent
 Long Branch Public Schools
 540 Broadway, Long Branch, New Jersey 07740

"Together We Can, Juntos Nós Podemos, Juntos Podemos"

Francisco E. Rodriguez
 Superintendent of Schools

Form must be completed by doctor and returned to school 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 policia del distrito require que los estudiantes tienen exámenes físicos periodicos:

- All new students per K-12/ todos los nuevos estudiantes de per K-12
- Students in grades 4-10/los studiantes en grados 4-10
- Pupil Personel Service Referrals/referidos de parte Servicios de Pupil Personel
- 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 devuelvalo 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 _____ Exam date _____

Date of birth _____ Teacher _____

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.

Medical or Religious Exemption/explain _____

OVER ⇨

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 / NURSE PRACTITIONER
(VMC:7/19/23)