



South Brunswick Township Public Schools

K-12 Physical Examination Form

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/Unit \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Ears \_\_\_\_\_ Hearing R \_\_\_\_\_ L \_\_\_\_\_

Eyes \_\_\_\_\_ Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ With/Without Correction (Circle One)

Nose \_\_\_\_\_ Throat \_\_\_\_\_

Lymph Glands \_\_\_\_\_ Thyroid: \_\_\_\_\_ Teeth/Mouth \_\_\_\_\_

Heart \_\_\_\_\_ Lung \_\_\_\_\_

Abdomen/Hernia \_\_\_\_\_

Orthopedic Structural \_\_\_\_\_ Scoliosis \_\_\_\_\_ Feet \_\_\_\_\_

Skin \_\_\_\_\_ Nutrition \_\_\_\_\_

Nervous System \_\_\_\_\_ Speech \_\_\_\_\_

**IMMUNIZATIONS (MONTH - DAY- YEAR)**

DTaP 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

OPV/IPV 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

MMR: 1 \_\_\_\_\_ 2 \_\_\_\_\_

HEPATITIS B 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

MANTOUX Date \_\_\_\_\_ Result \_\_\_\_\_ mm Chest X-Ray \_\_\_\_\_ INH \_\_\_\_\_

Significant past medical history \_\_\_\_\_

List any chronic illness \_\_\_\_\_

List current medications \_\_\_\_\_

Restrictions or recommendations \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

Medical Provider's signature \_\_\_\_\_

Medical Provider's name, address and phone (please print or stamp) \_\_\_\_\_

\_\_\_\_\_