

**LONG BEACH ISLAND SCHOOL DISTRICT
HEALTH OFFICE – PHYSICAL EXAMINATION**

PARENTS PLEASE NOTE:

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.

Name: _____

Date: _____

Address: _____

DOB: _____

Teacher/Grade _____

HEALTH CARE PROVIDER STATEMENT:

1. Medications (daily or taken as needed) _____

* **Specific documentation and permission forms are required.**

2. Does the pupil show evidence of any conditions which may currently affect his/her learning potential? _____

3. Are these conditions correctable? _____

4. a. List any physical activity restrictions _____

b. List any allergies _____

PHYSICAL EXAMINATION: Vision Test _____ Hearing Test _____

Height _____ Weight _____ BP _____ Sex : _____ M _____ F

Ears (otoscopic) _____ Eyes _____ Neck/Lymph/Thyroid _____ Nose _____

Teeth/Mouth _____ Throat _____ Heart _____ Chest/Lungs _____

Abdomen (hernia) _____ Genito-Uninary _____ Neuro/Reflexes _____ Orthopedic _____

Extremities _____ Nutrition _____ Skin/Gen. Appearance _____

Scoliosis Screen _____ Comments/Recommendations _____

HEALTH HISTORY: _____

Immunizations given today: _____

This child **can/cannot** (Circle one) participate fully in regular school activities.

Signature of Health Care Provider _____ Date: _____

Print Health Care Provider's name & address _____

Address: _____ Phone: _____
