

RIVER EDGE ELEMENTARY SCHOOLS PHYSICAL FORM

CHERRY HILL SCHOOL
 Sabrina Johnston, R.N.
 Phone # (201) 261-3405
 Fax # (201) 986-1256

ROOSEVELT SCHOOL
 Tara Vernieri, R.N.
 Phone # (201) 261-1546
 Fax # (201) 261-0798

NEW BRIDGE CENTER
 Shauntea Weaver, R.N.
 Phone # (201) 261-5620
 Fax # (201) 261-1067

All students in Pre-K, Kdg., Gr.2, Gr. 5 and all new students to the River Edge Elementary School System are required to have a physical examination. No child will be allowed to participate in Physical Education class without this examination.

Name: _____

Birth Date: _____

Gender: M _____ F _____

Grade: _____

Hgb/Hct: _____

Date of Exam: _____

Chol: _____

Height: _____

Urine: _____

Weight: _____

Blood Pressure: _____ / _____

Vision: With / Without Correction

Pulse: _____

R 20/ _____ L 20/ _____

Hearing: R _____ L _____

Allergies (include food and drug allergies, hives, asthma, stinging insect bites):

Medications: _____

Approved for full activity: _____

Limited Activity: _____

Pertinent Health History: _____

Comments: _____

General Appearance	Normal	Abnormal	Comments
Skin			
Eyes			
ENT			
Heart			
Lungs			
Abdomen			
Genitalia			
Neurological			
Scoliosis			

Immunization Record

Vaccine	Mo./day/yr	Mo./day/yr	Mo./day/yr	Mo./day/yr	Mo./day/yr
DPT/TD *					
Tdap **					
Polio *					
Measles ***					
Mumps					
Rubella					
Hib ****					
Hepatitis B (*)					
Varicella (**)					
Meningococcal *_					
Influenza **					
Pneumococcal *_					

Mantoux (***) Date administered: _____ Date read: _____
 Results: Negative _____ Positive _____ Induration _____ mm.
 Chest X-Ray Date: _____ Results _____
 Medication (specify) _____ Date started _____ Date finished _____

Name of Physician _____	Date of Exam: _____
(please print)	
Physician's Signature _____	

Minimal Immunization Requirements for School Attendance in New Jersey

* Students less than 7 years of age must have one dose of DPT and Polio on/after fourth birthday. Alternatively, a total of five doses of DPT and any 4 doses of appropriately spaced polio are acceptable.

** Students born on/after 1/1/97, who are at least 10 years old, shall have received one dose of Tdap before entering grade six, provided at least five years have elapsed from last documented Td dose.

*** Students born on/after 1/1/90 must have received two doses of measles containing vaccine or documentation of measles immunity. First dose given on/after first birthday.

**** A minimum of one dose Hib vaccine is required for those entering preschool.

(*) Three doses of Hepatitis B are required or proof of immunity. Students between 11-15 yrs. of age may receive 2 doses of Hepatitis B adolescent formulation.

(**) Students born on/after 1/1/98 who attend or transfer into a NJ school from another state or country are required to have one dose of varicella (chickenpox) vaccine administered no earlier than their first birthday or proof of varicella immunity.

(***) Mantoux tuberculin testing is required for students entering from a country with high incidence of TB.

* Students born on/after 1/1/97, who are at least 11 years old, shall have received one dose of a meningococcal-containing vaccine before entering grade six.

** Students entering preschool on/after 9/1/08 shall annually receive at least one dose of influenza vaccine between Sept. 1 - Dec. 31 of each year.

* Students entering preschool on/after 9/1/08 shall have received at least one dose of pneumococcal conjugate vaccine (PCV) on/after first birthday.