

**GIBBSBORO SCHOOL**  
 37 Kirkwood Rd.  
 Gibbsboro, NJ 08026  
 phone: 856-783-1140 • fax: 856-783-9155

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

**PHYSICAL EXAMINATION**

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

**Vaccinations:** (must be filled in by physician)

DTP Series (Please indicate DTP, Td, DtaP, DT):

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

Polio (indicate OPV,IPV) (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

MMR (1) \_\_\_\_\_ (2) \_\_\_\_\_

Hib (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

Hepatitis B (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Varivax (1) \_\_\_\_\_ (2) \_\_\_\_\_

Pneumoccal (1) \_\_\_\_\_ (2) \_\_\_\_\_

Meningococcal (1) \_\_\_\_\_

Hepatitis A (1) \_\_\_\_\_ (2) \_\_\_\_\_

HPV (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Flu Vaccine (1) \_\_\_\_\_ (2) \_\_\_\_\_

TB test: Tine or Mantoux \_\_\_\_\_ (circle test used) Results \_\_\_\_\_

HISTORY	YEAR	HISTORY	YEAR	HISTORY	YEAR	HISTORY	YEAR
ALLERGIES		DRUG ALLERGIES		NEUROMUSC. DISORDER		AUTISM SPECTRUM DISORDERS	
ASTHMA		HEART DISEASE		CHRONIC OTITIS MEDIA		HEMATOLOGICAL DISORDERS	
CONGENITAL DISORDER		HEPATITIS		AUTO IMMUNE DISORDERS		<b>OPERATIONS OR INJURIES:</b>	
CONVULSIVE DISORDER		LYME DISEASE		STREP INFECTIONS			
DIABETES		MONONUCLEOSIS		JUVENILE RHEUMATOID ARTHRITIS			

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

Vision: R \_\_\_\_\_ L \_\_\_\_\_ Both \_\_\_\_\_ Muscle Balance \_\_\_\_\_ Color Perception \_\_\_\_\_

Hearing: Sweep check R \_\_\_\_\_ L \_\_\_\_\_ (pass or fail)

	PASS	FAIL		PASS	FAIL
Genito-Urinary			Ears (otoscopic)		
Structural			Eyes		
Orthopedic-Posture			Lymph Glands		
Feet			Thyroid		
Skin			Nose		
Nutrition			Throat		
Nervous System			Teeth-mouth		
Speech			Heart		
Other			Lungs		
General Appearance			Abdomen		
			Hernia		

Findings/Recommendations/Referrals; Comments concerning any limitations child may have when entering school:

\_\_\_\_\_

\_\_\_\_\_

Signature of Physician/Advanced Practice Nurse \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

Print Name/Address \_\_\_\_\_