GIBBSBORO SCHOOL

37 Kirkwood Rd.
Gibbsboro, NJ 08026
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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		OPERATIONS OR INJURIES:	
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:

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Signature of Physician/Advanced Practice Nurse______________________________

Date: ______________ Phone number: ______________________

Print Name/Address______________________________________