



PHYSICAL EXAMINATION REPORT GRADES K – 12
(NOT for Sports Physicals- see last 2 pages of packet for info.)
 (to be completed by a doctor)

STUDENT'S NAME _____ BIRTH DATE _____ SCHOOL _____

Height _____ Weight _____ Blood Pressure _____
 Vision _____ Hearing _____

DISEASE HISTORY: (Please specify type and age at onset)

	Type/ Age onset		Type/ Age onset		Type/ Age onset
Allergies		Operation or Injuries		Asthma	
Cong. Defects		Convulsive Disorder		Chickenpox	
Drug Sensitivities		Diabetes		Other Illnesses	
Hepatitis		Heart Disease		Rheumatic Fever	
Neuromuscular Disorder		Otitis Media		Strep Infections	
Mononucleosis					

PHYSICAL EXAMINATION:

Ears (Otosopic)		Genetic-Urinary	
Eyes		Orthopedic:	
Lymph Glands		Structural	
Thyroid		Posture	
Nose		Feet	
Throat		Skin	
Teeth-Mouth		Nutrition	
Heart		Nervous System	
Lungs		Speech	
Abdomen		General Appearance	
Hernia		Other	

Examining Physician's Signature _____

Date _____

Physician's Stamp _____

I have examined this child and find him/her physically fit to participate in school activities.

PLEASE ATTACH A COPY OF IMMUNIZATION RECORD.
 Or use the form on the next page

I. TUBERCULOSIS TESTING

A Mantoux TB skin test or interferon gamma release assay blood test for tuberculosis must be given to any student who transfers in from another country designated as high risk by the Department of Health. **Contact your school nurse to determine if tuberculosis testing is required for your child.**

II. PHYSICAL EXAMINATION

- A. New Jersey Administrative Code 6A:16-2.2 requires an entrance physical examination upon enrollment into school. Parents are to provide this examination documentation.
1. If transferring from a New Jersey school, the sending school district shall ensure that documentation of the entry examination is forwarded to the receiving school district as per NJAC 6A:16-2.4 (d).
 2. If transferring into a New Jersey school from out of state or out of country, the entry physical exam documentation shall be submitted within 30 days of entry.
- B. It is also recommended that subsequent medical examinations of the student occur at least once during each developmental stage, early childhood, pre-adolescence and adolescence.

Vaccine Administration Record

Patient Name: _____

Birth date: _____ **Chart number:** _____

Vaccine Type	Date of Disease	1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose	6th Dose
DTP / DTap							
Tdap							
IPV / OPV							
MMR							
HIB **							
Hepatitis B							
Varicella							
Pneumococcal **							
Meningococcal							
Hepatitis A ***							
Influenza **							
Mantoux / IGRA							
Other							

** Required for preschoolers (2 months – 5th birthday only)

*** Not required

Examining Physician's Signature

Date

Physician's Stamp

MINIMAL IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY

N.J.A.C. 8:57-4: Immunization of Pupils in School

DISEASE(S)	MEETS IMMUNIZATION REQUIREMENTS	COMMENTS
DTaP	(AGE 1-6 YEARS): 4 doses, with one dose given on or after the 4th birthday, OR any 5 doses. (AGE 7-9 YEARS): 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses.	Any child entering pre-school, pre-Kindergarten, or Kindergarten needs a minimum of four doses. Pupils after the seventh birthday should receive adult type Td. DTP/Hib vaccine and DTaP also valid DTP doses. Laboratory evidence of immunity is also acceptable.
Tdap	GRADE 6 (or comparable age level for special education programs): 1 dose	For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. A child does not need a Tdap dose until FIVE years after the last DTP/DTaP or Td dose.
POLIO	(AGE 1-6 YEARS): 3 doses, with one dose given on or after the 4th birthday, OR any 4 doses. (AGE 7 or OLDER): Any 3 doses.	Either Inactivated Polio Vaccine (IPV) or Oral Polio Vaccine (OPV) separately or in combination is acceptable. Polio vaccine is not required of pupils 18 years of age or older. Laboratory evidence of immunity is also acceptable.
MEASLES	If born before 1-1-90, 1 dose of a live Measles-containing vaccine on or after the first birthday. If born on or after 1-1-90, 2 doses of a live Measles-containing vaccine on or after the first birthday. If entering a college or university after 9-1-95 and previously unvaccinated, 2 doses of a live Measles-containing vaccine on or after the first birthday.	Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs a minimum of 1 dose of measles vaccine. Any child entering Kindergarten needs 2 doses. Previously unvaccinated students entering college after 9-1-95 need 2 doses of measles-containing vaccine or any combination containing live measles virus administered after 1968. Documentation of 2 prior doses is acceptable. Laboratory evidence of immunity is also acceptable. Intervals between first and second measles/MMR/MR doses cannot be less than 1 month.
RUBELLA and MUMPS	1 dose of live Mumps-containing vaccine on or after the first birthday. 1 dose of live Rubella-containing vaccine on or after the first birthday.	Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs 1 dose of rubella and mumps vaccine. Any child entering Kindergarten needs 1 dose each. Each student entering college for the first time after 9-1-95 needs 1 dose of rubella and mumps vaccine or any combination containing live rubella and mumps virus administered after 1968. Laboratory evidence of immunity is also acceptable.
VARICELLA	1 dose on or after the first birthday.	All children 19 months of age and older enrolled into a child care/pre-school center after 9-1-04 or children born on or after 1-1-98 entering a school for the first time in Kindergarten or Grade 1 need 1 dose of varicella vaccine. Laboratory evidence of immunity, physician's statement or a parental statement of previous varicella disease is also acceptable.
HAEMOPHILUS INFLUENZAE B (Hib)	(AGE 2-11 MONTHS) ⁽¹⁾ : 2 doses (AGE 12-59 MONTHS) ⁽²⁾ : 1 dose	Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. (1) Minimum of 2 doses of Hib vaccine is needed if between the ages of 2-11 months. (2) Minimum of 1 dose of Hib vaccine is needed after the first birthday. DTP/Hib and Hib/Hep B also valid Hib doses.
HEPATITIS B	(K-GRADE 12): 3 doses or 2 doses ⁽¹⁾	(1) If a child is between 11-15 years of age and has not received 3 prior doses of Hepatitis B then the child is eligible to receive 2-dose Hepatitis B Adolescent formulation. Laboratory evidence of immunity is also acceptable.
PNEUMOCOCCAL	(AGE 2-11 MONTHS) ⁽¹⁾ : 2 doses (AGE 12-59 MONTHS) ⁽²⁾ : 1 dose	Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. (1) Minimum of 2 doses of Pneumococcal vaccine is needed if between the ages of 2-11 months. (2) Minimum of 1 dose of Pneumococcal vaccine is needed after the first birthday.
MENINGOCOCCAL	(Entering GRADE 6 (or comparable age level for Special Ed programs): 1 dose ⁽¹⁾ (Entering a four-year college or University, previously unvaccinated and residing in a campus dormitory): 1 dose ⁽²⁾	(1) For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. (2) Previously unvaccinated students entering a four-year college or university after 9-1-04 and who reside in a campus dormitory, need 1 dose of meningococcal vaccine. Documentation of one prior dose is acceptable.
INFLUENZA	(AGES 6-59 MONTHS): 1 dose ANNUALLY	For children enrolled in child care, pre-school or pre-Kindergarten on or after 9-1-08. 1 dose to be given between September 1 and December 31 of each year.