

# CRANFORD PUBLIC SCHOOL DISTRICT

Dear Parent(s)/Guardian(s),

As you may be aware, school physical exams are not conducted in school.

However, it is recommended by the New Jersey State Department of Education that a student receive a physical exam during adolescence (grade 7-12).

Below please find a physical examination form that may be given to your healthcare provide at your child's next physical exam and returned to the school.

If you have any questions, please contact the nurse at your child's school.

Sincerely,

School Nurse

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## CRANFORD PUBLIC SCHOOLS Cranford, New Jersey

### PHYSICAL EXAM BY PHYSICIAN

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_

Previous injuries, operations or medical conditions:

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M.D. Exam	Eyes _____	Back _____
	Ear _____	Spine (scoliosis) _____
	Nose _____	Heart _____
	Skin _____	Thyroid _____
	Throat _____	Hernia _____
	Teeth _____	Abdomen _____
	Glands _____	Genitourinary _____
	Lungs _____	Nervous system _____
	Allergies _____	

Remarks \_\_\_\_\_

New immunizations: \_\_\_\_\_

Doctor signature: \_\_\_\_\_ Date: \_\_\_\_\_