

CRANFORD PUBLIC SCHOOL DISTRICT

Dear Parent(s)/Guardians(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 pre-adolescence (grade 4-6).

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

If you have any questions please contact the nurse's office of your child's school.

Sincerely,

School Nurse

CRANFORD PUBLIC SCHOOLS Cranford, New Jersey

PHYSICAL EXAMINATION BY PHYSICIAN

Name _____ Age _____ School _____

Height _____ Weight _____ BP _____

Previous Injuries, Operations or Medical Conditions:

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

Remarks _____

Doctor's Signature: _____ Date: _____

New Immunizations: _____