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 provider 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

CRANFORD PUBLIC SCHOOLS
Cranford, New Jersey

PHYSICAL EXAM 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_____
New immunizations:_____
Doctor signature:_____ Date:_____