

## CRANFORD PUBLIC SCHOOL DISTRICT

Dear Parent(s)/Guardians(s),

As you may be aware, 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:

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#### M.D. Exam

Eyes _____	Back _____
Ears _____	Spine (Scoliosis) _____
Nose _____	Heart _____
Skin _____	Thyroid _____
Throat _____	Hernia _____
Teeth _____	Abdomen _____
Glands _____	Genitourinary _____
Lungs _____	Nervous System _____
Allergies _____	

Remarks \_\_\_\_\_  
\_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Immunizations: \_\_\_\_\_