

# RIVER EDGE ELEMENTARY SCHOOLS PHYSICAL FORM

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**All students in Pre-K, Kdg., Gr.2, Gr. 5 and all new students to the River Edge Elementary School System are required to have a physical examination. No child will be allowed to participate in Physical Education class without this examination.**

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Vision: With / Without Correction

R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Hgb/Hct: \_\_\_\_\_

Chol: \_\_\_\_\_

Urine: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_

Pulse: \_\_\_\_\_

Hearing: R \_\_\_\_\_ L \_\_\_\_\_

Allergies (include food and drug allergies, hives, asthma, stinging insect bites):

\_\_\_\_\_

Medications: \_\_\_\_\_

Approved for full activity: \_\_\_\_\_

Limited Activity: \_\_\_\_\_

Pertinent Health History: \_\_\_\_\_

Comments: \_\_\_\_\_

| General Appearance | Normal | Abnormal | Comments |
|--------------------|--------|----------|----------|
| Skin               |        |          |          |
| Eyes               |        |          |          |
| ENT                |        |          |          |
| Heart              |        |          |          |
| Lungs              |        |          |          |
| Abdomen            |        |          |          |
| Genitalia          |        |          |          |
| Neurological       |        |          |          |
| Scoliosis          |        |          |          |

## Immunization Record

| Vaccine          | Mo./day/yr | Mo./day/yr | Mo./day/yr | Mo./day/yr | Mo./day/yr |
|------------------|------------|------------|------------|------------|------------|
| DPT/TD *         |            |            |            |            |            |
| Tdap **          |            |            |            |            |            |
| Polio *          |            |            |            |            |            |
| Measles ***      |            |            |            |            |            |
| Mumps            |            |            |            |            |            |
| Rubella          |            |            |            |            |            |
| Hib ****         |            |            |            |            |            |
| Hepatitis B (*)  |            |            |            |            |            |
| Varicella (**)   |            |            |            |            |            |
| Meningococcal *_ |            |            |            |            |            |
| Influenza **     |            |            |            |            |            |
| Pneumococcal *_  |            |            |            |            |            |

Mantoux (\*\*\*) Date administered: \_\_\_\_\_ Date read: \_\_\_\_\_  
 Results: Negative \_\_\_\_\_ Positive \_\_\_\_\_ Induration \_\_\_\_\_ mm.  
 Chest X-Ray Date: \_\_\_\_\_ Results \_\_\_\_\_  
 Medication (specify) \_\_\_\_\_ Date started \_\_\_\_\_ Date finished \_\_\_\_\_

|                                    |                            |
|------------------------------------|----------------------------|
| <b>Name of Physician</b> _____     | <b>Date of Exam:</b> _____ |
| (please print)                     |                            |
| <b>Physician's Signature</b> _____ |                            |

### Minimal Immunization Requirements for School Attendance in New Jersey

\* Students less than 7 years of age must have one dose of DPT and Polio on/after fourth birthday. Alternatively, a total of five doses of DPT and any 4 doses of appropriately spaced polio are acceptable.

\*\* Students born on/after 1/1/97, who are at least 10 years old, shall have received one dose of Tdap before entering grade six, provided at least five years have elapsed from last documented Td dose.

\*\*\* Students born on/after 1/1/90 must have received two doses of measles containing vaccine or documentation of measles immunity. First dose given on/after first birthday.

\*\*\*\* A minimum of one dose Hib vaccine is required for those entering preschool.

(\*) Three doses of Hepatitis B are required or proof of immunity. Students between 11-15 yrs. of age may receive 2 doses of Hepatitis B adolescent formulation.

(\*\*) Students born on/after 1/1/98 who attend or transfer into a NJ school from another state or country are required to have one dose of varicella (chickenpox) vaccine administered no earlier than their first birthday or proof of varicella immunity.

(\*\*\*) Mantoux tuberculin testing is required for students entering from a country with high incidence of TB.

\_ Students born on/after 1/1/97, who are at least 11 years old, shall have received one dose of a meningococcal-containing vaccine before entering grade six.

\*\* Students entering preschool on/after 9/1/08 shall annually receive at least one dose of influenza vaccine between Sept. 1 - Dec. 31 of each year.

\_ Students entering preschool on/after 9/1/08 shall have received at least one dose of pneumococcal conjugate vaccine (PCV) on/after first birthday.