

BRIGANTINE PUBLIC SCHOOLS

Brigantine, NJ 08203

(609) 264-8793

Fax (609) 264-0767

MEDICAL EXAM FORM

TO BE COMPLETED BY FAMILY PHYSICIAN & RETURNED TO NURSE

Name of Child _____ Entering Grade _____
(Last) (First)

Date of Physical _____ DOB of Child _____

Height _____ Weight _____ Blood Pressure _____

Vision _____ Hearing _____

Allergies/Drug Sensitivities _____

Physical Findings - Report Abnormal Findings Only _____

Physical Limitations or Recommendations _____

DISEASE RECORD: If Yes Indicate At What Age

Congenital Defects _____	Chicken Pox _____	Freq. Ear Infections _____
Hepatitis _____	Convulsive Dis. _____	Rheumatic Fever _____
Neuromusc. Disease _____	Diabetes _____	Recurrent Strep _____
Asthma _____	Heart Disease _____	Mononucleosis _____
Lyme Disease _____	HIV Infection _____	Other _____

Operations Or Injuries _____

IMMUNIZATION RECORD: MUST COMPLY WITH NJ REGULATIONS

DPT (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

POLIO (1) _____ (2) _____ (3) _____ (4) _____

MMR #1 _____ #2 _____

or MEASLES _____ MUMPS _____ RUBELLA _____

HIB (1) _____ (2) _____ (3) _____ (4) _____ VARICELLA VX _____

HEP B (1) _____ (2) _____ (3) _____ MANTOUX TB TEST _____

PCV (Pneumococcal conjugate vaccine) (1) _____ (2) _____ (3) _____ (4) _____

Name of Physician _____ Address _____

Signature of Physician _____ Phone _____