

**LAKEHURST ELEMENTARY SCHOOL**

**NEW STUDENT PHYSICAL EXAMINATION**

Student: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_\_

**Physical code: 0=No Defects 1=Slight deviation 2=Requires attention**

Eyes: \_\_\_\_\_ Glands: \_\_\_\_\_ Spine: \_\_\_\_\_

Vision: (R) \_\_\_\_\_ Ears: \_\_\_\_\_ Posture: \_\_\_\_\_

(L) \_\_\_\_\_ Hearing: (R) \_\_\_\_\_ (L) \_\_\_\_\_ Scoliosis: \_\_\_\_\_

Throat: \_\_\_\_\_ Heart: \_\_\_\_\_ Extremities: \_\_\_\_\_

Teeth: \_\_\_\_\_ Lungs: \_\_\_\_\_ Other: \_\_\_\_\_

Nose: \_\_\_\_\_ Abdomen: \_\_\_\_\_

**MANDATORY IMMUNIZATIONS (enter month/day/year)**

DPT/DtaP 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Tdap: \_\_\_\_\_ (required for children entering 6<sup>th</sup> grade/11 years old)

POLIO: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

MMR: 1. \_\_\_\_\_ 2. \_\_\_\_\_ (1 dose must be given on/after 1<sup>st</sup> birthday)

HEPATITIS B: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

VARICELLA VACCINE OR DISEASE: 1. \_\_\_\_\_ 2. \_\_\_\_\_ (1 dose must be given on/after 1<sup>st</sup> birthday)

MENINGOCOCCAL: \_\_\_\_\_ (Required for children entering 6<sup>th</sup> grade/11 years old)

Hib: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ (preschool)

Pneumococcal: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ (preschool)

Influenza: \_\_\_\_\_ (required between 9/1 -12/31 for children in preschool)

**MANTOUX:** within the last 6 months \_\_\_\_\_ required \_\_\_\_\_ not required Date planted \_\_\_\_\_ Date read \_\_\_\_\_

**Diseases:**

Chicken Pox \_\_\_\_\_ Tuberculosis \_\_\_\_\_ T.B. contact \_\_\_\_\_ Otitis media \_\_\_\_\_

Mumps \_\_\_\_\_ Measles \_\_\_\_\_ Diptheria \_\_\_\_\_ Poliomyelitis \_\_\_\_\_

Streptococcus infections \_\_\_\_\_ Scarlet fever \_\_\_\_\_ Surgery \_\_\_\_\_

**Recommendations or restrictions concerning this pupil entering school:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MD, APC or PA's signature

date of exam

HCP stamp