



**Teresa M Rafferty**  
Superintendent of Schools  
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100 Behmer Road  
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## NOTICE REGARDING PHYSICAL EXAMINATION

Dear Parent/Guardian:

Physical examinations are an important way to keep students healthy and able to learn. The New Jersey State Board of Education and the New Jersey Department of Health and Senior Services recommend that every child have at least one physical examination during each developmental stage (early childhood, pre-adolescence and adolescence).

In keeping with this recommendation, the Piscataway School District requests that students in grades 3, 8 and 11 have a physical examination at their medical home, with their own healthcare provider. Your child's healthcare provider will provide a thorough examination, and can administer immunizations if any are needed.

Please complete the Health History/Record Update and have the Physical Examination form completed by your Healthcare Provider and return **both** to the Schor Health Office.

Any questions or concerns can be directed to Jasmine Cromartie, RN at 732-752-4457 X 5218.

Sincerely,

Health Services



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## PHYSICAL EXAMINATION FORM

Pupil's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Immunizations DTP \_\_\_\_\_ DT \_\_\_\_\_ Td \_\_\_\_\_ Tdap \_\_\_\_\_

Polio \_\_\_\_\_ Meningococcal \_\_\_\_\_

MMR \_\_\_\_\_ MMR \_\_\_\_\_ Hep B \_\_\_\_\_ HebB \_\_\_\_\_ Hep B \_\_\_\_\_

Varicella \_\_\_\_\_ HIB \_\_\_\_\_ PCV \_\_\_\_\_

Pneumococcal Conjugate \_\_\_\_\_ Influenza \_\_\_\_\_

Mantoux Tuberculin Skin Test: Date Administered \_\_\_\_\_ Date Read \_\_\_\_\_ Results \_\_\_\_\_ mm

Last Lead Test \_\_\_\_\_ Lead Test Results \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Hearing \_\_\_\_\_ Vision \_\_\_\_\_

Nutrition \_\_\_\_\_ Skin \_\_\_\_\_ Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_

Oral (Teeth/Gums) \_\_\_\_\_ Throat \_\_\_\_\_ Neck \_\_\_\_\_ Heart \_\_\_\_\_ Lungs \_\_\_\_\_

Abdomen/Hernia \_\_\_\_\_ Genitalia \_\_\_\_\_ Extremities \_\_\_\_\_ Orthopedic \_\_\_\_\_

Scoliosis \_\_\_\_\_ Remarks \_\_\_\_\_ Neurological \_\_\_\_\_ CBC \_\_\_\_\_ Urinalysis \_\_\_\_\_

History of Illness/Injury \_\_\_\_\_

Medication \_\_\_\_\_

Participation in Physical Education/Sports/Activities \_\_\_\_\_

Remarks/Impressions/Summary \_\_\_\_\_

Physician's Signature \_\_\_\_\_

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

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### Health History/Record Update

Pupil's Name \_\_\_\_\_  
Last First Middle Grade (as of September)

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_ Cell # \_\_\_\_\_

Guardian \_\_\_\_\_ Home Telephone \_\_\_\_\_ Cell # \_\_\_\_\_

The information provided in this update takes the place of any previous information. Health information will be shared with essential staff to assist in your child achieving educational goals.

HEALTH HISTORY	DATE	HEALTH HISTORY	DATE	HEALTH HISTORY	DATE
Allergy - Specify	Y N	Eczema	Y N	Injuries/Broken Bones/Stitches (List)	
		Eyeglasses/Contacts	Y N		
		Hearing Aid	Y N		
		Hearing Difficulties	Y N		
		Heart Disease	Y N		
Asthma	Y N	Hepatitis	Y N		
Autism Spectrum Disorder	Y N	Hematological Disorder	Y N	Operations (List)	
Auto Immune Disorders	Y N	Juvenile Rheumatoid Arthritis	Y N		
Chronic Otitis Media (Ear Infection)	Y N	Lyme Disease	Y N		
Congenital Disorder	Y N	Mononucleosis	Y N		
Convulsive Disorder	Y N	Neuromuscular Disorder	Y N	Hospitalizations (List)	
Diabetes	Y N	Strep Infections	Y N		
Drug Allergies - Specify	Y N	Other Illnesses - Specify	Y N		

**MEDICAL RESTRICTIONS** (Attach Physician's Note)

**CURRENT MEDICATIONS** (Prescriptions, Inhaler, EpiPen, etc.)


**List all Children in Family (Oldest to Youngest)**

Last Name/First Name	Birthdate	Last Name/First Name	Birthdate

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Any additional information can be attached to this form.