PHYSICIAN REPORT

Moorestown Township Public Schools Moorestown, New Jersey

(Return to School Nurse)

Last Name	First	Middle Grade		School	
Street Address			City/Town	State	Zip
Father's Name			Mother's Name		
Students are required to receive a physical	al examination from th	eir health care provider	upon entry into school, to obta	ain working papers, and to participate on an athletic	squad or team.
BASIC INFORMATION	ON		IMMUNIZATIONS	GENERAL PHYSICAL EX	AMINATION
General Appearance:		Give all dates, include		Nutritional Status:	
		DPT:	<u> </u>	Nose:	
Height: Weight:				Ears:	
Vision:		Polio:		Eyes:	
Glasses prescribed:				Mouth:	
Date:		MMR:		Speech:	
When worn:		Measles:		Throat and Tonsils:	
Hearing:		Mumps:		Skin:	
BP: Pulse:		Rubella:		Head:	
Prenatal experience:		Varicella:		Glands:	
		HIB:		Heart:	
Surgeries/date(s):		Hepatitis B:		Lungs:	
		Mantoux/PPD		Genito-urinary:	
PHYSICAL ACTIVITIES/S	PORTS	Meningitis:		Orthopedic - Scoliosis:	
Limited: OYes ONo		PCV (pneumococca	l):	Gastrointestinal:	
If yes, describe restriction or modification:		Influenza:		Muscular:	
		Other:		Hernia:	
				Nervous System:	
				Endocrine:	
PHYSICIAN/NURSE PRACT	TITIONER	SPI	ECIAL CONDITIONS	MEDICATION	
Signature		Allergy:		Medication:	
		Asthma:		Indicated for:	
		Asthma Action Plan:		Dose:	
Print Name:		Diabetes:		Duration:	
Date of Examination:		Seizures:			
Provider Stamp:		ADD/ADHD:		Medication:	
		Psychological:		Indicated for:	
		Other:		Dose:	
				Duration:	
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