

## 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

\_\_\_\_\_  
Parent/Guardian name Parent/Guardian name

Students are required to receive a physical examination from their health care provider upon entry into school, to obtain working papers, and to participate on an athletic squad or team.

BASIC INFORMATION		IMMUNIZATIONS	GENERAL PHYSICAL EXAMINATION
General Appearance:		Give all dates, including boosters	Nutritional Status:
		DPT:	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:
<b>PHYSICAL ACTIVITIES/SPORTS</b>		Meningitis:	Orthopedic - Scoliosis:
Limited: <input type="radio"/> Yes <input type="radio"/> No		PCV (pneumococcal):	Gastrointestinal:
If yes, describe restriction or modification:		Influenza:	Muscular:
		Other:	Hernia:
			Nervous System:
			Endocrine:
PHYSICIAN/NURSE PRACTITIONER		SPECIAL 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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