

**MOORESTOWN TOWNSHIP PUBLIC SCHOOLS
PHYSICAL EXAMINATIONS**

Student's name _____ School _____

Date of registration _____ First day of school _____

The New Jersey State Department of Education and the Moorestown Township Board of Education require that students receive a physical examination from their own health care provider in any of the following situations:

- Entry into school (in kindergarten or as a new enrollee in any grade)
- Application for working papers
- Participation as a candidate for an athletic squad or team

It is recommended that students also receive a physical examination in grades 4, 7, and 10, and upon the advisement of the Child Study Team.

PLEASE SIGN BELOW AND RETURN THIS FORM TO YOUR SCHOOL NURSE.

PHYSICAL EXAMINATION

_____ My child will have a physical examination done by our health care provider. A completed physical examination form will be given to the school nurse. If a report of a physical examination is not received within 4 weeks from the day my child starts school, the school physician will do the physical examination.

_____ My child DOES NOT have a health care provider and will need an examination by the school physician.

Parent/guardian signature _____ Date _____