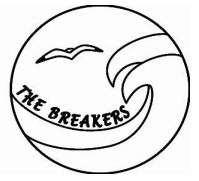


BRADLEY BEACH ELEMENTARY SCHOOL

515 BRINLEY AVENUE BRADLEY BEACH, NEW JERSEY 07720

TELEPHONE: (732) 775-4413 FAX: (732) 775-2463 or (732) 775-2759



HEALTH OFFICE - MEDICAL FORM

PRE-KINDERGARTEN & KINDERGARTEN PHYSICAL EXAM FORM

	Normal	Abnormal – Please Specify
Height		
Weight		
Blood Pressure		
HGB & HTC		
Eyes		
Ears		
Nose		
Throat		
Teeth		
Skin		
Heart		
Lungs		
Abdomen		
Genitourinary		
Nervous System		
Orthopedic		
Nutrition		
Appearance		
Speech		

Hernia no yes

Heart Murmur no yes If yes, any activity restrictions no yes, as follows: _____

Allergies (food, drugs, environmental – please specify): _____

Significant prior medical history (accidents/illnesses, etc.): _____

Conditions currently being treated for: _____

Medications currently taken: _____

IMMUNIZATION RECORD – PLEASE COMPLETE OR ATTACH COPY:

DTaP _____ (4 doses with one on/after 4th birthday)

Polio _____ (3 doses with one on/after 4th birthday)

Measles/Mumps/Rubella _____ (2 doses measles after 1st birthday and separated by at least one month)

Varicella _____ (1 dose on/after 1st birthday or parent/physician history of disease)

Hepatitis B _____ (3 dose series – required for kindergarten)

Haemophilis B (Hib) _____ (at least 1 dose – required for pre-k only)

Pneumococcal _____ (required for pre-k only)

Influenza _____ (required for pre-k only – one dose annually given before December 31st of current year)

Mantoux Test date given: _____ results: _____

Healthcare Provider Signature _____ **Date of examination** _____

PLEASE PRINT NAME _____

Address _____

Telephone _____

Fax _____