

FAIRFIELD PUBLIC SCHOOLS
FAIRFIELD, NJ 07004

School Nurse Stevenson: 973-227-2120 X2116

School Nurse Churchill: 973-227-2638 X3113

Date of Physical Examination: _____ must be within 1 year of child's start date.

New and Re-entering Students:

- Physicals and immunizations must be completed and handed in before the first day your child starts school. OR
- If the physical is scheduled after school begins, due to insurance, the School Nurse must have the date of the physical before your child's first day of school.

Student Name: _____ Date of Birth: _____ Grade: _____

HISTORY:

If yes, Action Plan must be completed:

Allergies: _____ **Epipen:** Yes ___ No ___ **Benadryl:** Yes ___ No ___

Asthma: _____ **Inhaler:** Yes ___ No ___ **Nebulizer:** Yes ___ No ___

ADHD/Type of Medication and Schedule: _____

OTHER MEDICAL CONDITIONS OR ILLNESSES: _____

Medication Used: _____

Surgeries/Dates: _____

Communicable Diseases/Dates: _____

RECENT IMMUNIZATIONS/TESTS:

Immunization _____ Date: _____

T.B. Test (type) _____ Date: _____ Result _____

PHYSICAL FINDINGS:

Height _____ Weight _____ B.P. _____ General Appearance: _____

Heart: _____ Lungs _____

Eyes/Vision: _____ (Test results) _____ Ears/Hearing: _____ (Test Results) _____

Glasses/Contacts: Circle Yes or No

Hearing Aides: Circle Yes or No

Nutrition: _____ Skin _____

Nose _____ Throat _____ Thyroid _____

Teeth & Mouth _____ Lymph Glands _____

Orthopedic: Structural _____ Scoliosis: _____

Extremities _____

Nervous System _____ Menses _____ Testes _____

Abdomen _____ Hernia _____

Other: _____

RESTRICTIONS: (Physical Education, etc.) _____

Physicians Signature _____ **Name/Address** _____

Today's Date: _____