HAZLET TOWNSHIP PUBLIC SCHOOLS
PHYSICAL FORM

Student Name _____

Any student entering this school district must submit documentation of having had a physical examination as required by New jersey statute NJAC 6A:16-2.2 and NJSA 18A:40-4
Please have you child's physician complete this form and return it to the school nurse by _____

Complete Physical Examination: **Date of examination**_____

Height _____ Weight _____ B.P. _____ Pulse _____

Eyes	_____	Skin	_____	Hearing (R)	_____
Ears	_____	Lungs	_____	(L)	_____
Nose	_____	Heart	_____	Vision (R)	_____
Gums/Teeth	_____	Scoliosis	_____	(L)	_____
Mouth	_____	Orthopedic	_____		
Lymph Nodes	_____	Nutrition	_____		

Summary of Significant Medical History and Information:
_____
_____

Is the child under treatment for any medical condition? If yes, please explain:
_____

Is this child receiving any regular medication? If yes, please give name, dosage and reason _____
_____

This child may participate in physical education and sports. _____

Restrictions: _____

Please comment on any pertinent health problems or physical findings that might adversely influence this child's ability to learn or engage in school.
_____

_____

Date _____ Physician's Signature _____

Phone _____ Name (Print) _____

Address _____

2/08