

West Deptford Township Public Schools

999 Kings Highway • West Deptford, NJ 08086 Phone (856) 848-4300 • Fax (856) 848-0897

MEDICAL HISTORY & PHYSICAL EXAMINATION FORM

- Student <u>CANNOT</u> begin school without proof of IMMUNIZATION, in accordance with N.J.A.C. 8:57-4.1 et seq.
- The physical exam must have been conducted within one (1) year since the last physical exam.
- Preschool and Kindergarten physicals must be completed within 365 days prior to the first day of school.

Significant Health History:NONE	:		
Current Medications (if any):NON	IE		
ALLERGIES: NKDA			
Note to PHYSICIAN: Official I	MMUNIZA	ATION record is requi	red. Please attach to this form
		VISION	HEARING
Height 42 inches	Rigl	nt Eye 20 /	Right Ear _ WNL
Weight 35, 6 lbs	_	Eye 20 / 20	Left Ear WNL
Blood Pressure 105172		rection: Yes VNo	
REVIEW OF SYSTEMS	FINDINGS		MENTS / CONCERNS
	V :	Within Normal Limits	
General Appearance	/		
Skin .	/		
Ears	/		
Eyes	/		
Lymph Glands	/		
Thyroid	/		
Nose	/		
Throat	/		
Teeth-Mouth			
Heart (Rate & Rhythm)	/		
Lungs	/		
Abdomen	V		
Genito-Urinary	WO	Defer	
Hernia	/		
Nutrition	√		
Nervous System	✓		
Speech	1		
Orthopedic (Structure & Posture)			
Other			
•	un, NF		iture
sician's Address: OVS PHARMACY/ATTN: N 600 KINGS	HWY N	02235	
sician's Phone: CHERRY HI (856) 482-		DATE OF EXA	M: 02 / 27 / 2025