<u>Colts Neck Township Schools</u> <u>Pre- Entry Physical</u>

This form is to be completed by your physician.. Please note the physical exam must be completed within one year prior to entry of school.

Name of Student:	Date of Birth:
Address:	
Student's phone number:	Male Female
Height: Weight:	Blood Pressure:
Vision: R 20/ L 20/ Hearing:	
Physical Examination	Date of Physical:
Ears (otoscopic):	Genito- Urinary:
Eyes:	Orthopedic
Lymph Glands:	Structural:
Thyroid:	Posture:
INOSE:	Feet:
Throat/ Tonsils:	Skin:
Teeth/ Mouth:	Nutrition:
Heart:	Nervous System:
Lungs:	Speech/ Language:
Abdomen:	General Appearance:
Hernia:	Other:
Health History- Please specify type and ag Allergies: Arthritis: Asthma: Bladder/ Kidney: Chicken Pox:	e of onset Lyme Disease:
Congenital Defects:	Rheumatic Fever:
Convulsions/ Seizures:	Strep Infections:
Diabetes:	Tuberculosis:
Drug Sensitivities:	Surgical Procedures/ Injuries:
Fainting Spells:	
Heart Disease:	
Hepatitis:	
High Blood Pressure:	Other:
Restrictions that may affect the student's participation in school activities/ physical education?	
Signature of Physician:	Date:
Physician's Name:	(print) Phone #:
Please provide Physician's stamp below	