

PAULSBORO PUBLIC SCHOOLS

Paulsboro, NJ 08066

Billingsport School

Loudenslager School

Paulsboro High School

Dear Parent/Guardian:

New Jersey state law requires a medical history and physical examination as follows:

□ **Who must have the physical completed?**

All children entering school for the first time. (Pre-K, K or first grade)

All students transferring into the district.

Any child applying for working papers.

Any child who is a candidate for a school athletic team.

□ **When must the physical examination be done?**

The examination date must be no earlier than 365 days from the first day of school for new or transfer students. There is a 30 day grace period after the first day of school to complete the examination.

Sports physicals must have been performed no earlier than 365 days prior to the first practice session.

□ **Additional medical examinations:**

The state of New Jersey advises parents on the importance of having their children examined periodically by the child's physician. The recommendations are minimally three additional times during the child's developmental stages:

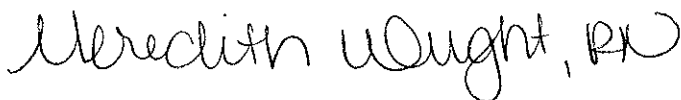
Early childhood: preschool through grade 3

Pre-adolescence: grades 4 through 6

Adolescence: grades 7 through 12

Please note: the documentation of the physical examination must be on the school form. If your child has no physician, or if you have any concerns or questions, please contact your child's school nurse.

Sincerely,



Janice Esters RN
Billingsport School
(856) 423-2226

Meredith Wright RN
Loudenslager School
(856) 423-2228

Chris Spitalo RN
Paulsboro High School
(856) 423-2222

PAULSBORO PUBLIC SCHOOLS

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(856) 423-2226
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Loudenslager School (X)
(856) 423-2228
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Paulsboro H. S. ()
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PHYSICAL EXAMINATION

This form should be completed by the child's doctor and returned to the school within 30 days of your child's first day of school. If not returned within that time, your child will be excluded from school.

Child's Name _____ Date of Birth _____

Grade _____ Age _____

Height _____

Weight _____

Blood Pressure _____

Vision Acuity: _____

OD _____

OS _____

Hearing: _____

Right _____

Left _____

Ears (otoscopic) _____

Eyes _____

Lymph Glands _____

Thyroid _____

Nose _____

Throat _____

Teeth-Mouth _____

Heart _____

Lungs _____

Abdomen _____

Hernia _____

Genito-Urinary _____

Orthopedic: _____

Structural _____

Posture _____

Feet _____

Skin (Non Comm.) _____

Nutrition _____

Nervous System _____

Speech _____

Other _____

Gen. Appearance _____

Please explain below any deficiencies/recommendations:

Physician Name _____

Address _____

Telephone _____

Physician Signature _____ Date _____