BRIGANTINE PUBLIC SCHOOLS
Brigantine, NJ 08203
(609) 264-8793
Fax (609) 264-0767
MEDICAL EXAM FORM

TO BE COMPLETED BY FAMILY PHYSICIAN & RETURNED TO NURSE

Name of Child (Last) (First) Entering Grade
Date of Physical DOB of Child
Height Weight Blood Pressure
Vision Hearing
Allergies/Drug Sensitivities

Physical Findings – Report Abnormal Findings Only

Physical Limitations or Recommendations

DISEASE RECORD: IF Yes Indicate At What Age
Congenital Defects Chicken Pox Freq. Ear Infections
Hepatitis Convulsive Dis. Rheumatic Fever
Neuromuscl. Disease Diabetes Recurrent Strep
Asthma Heart Disease Mononucleosis
Lyme Disease HIV Infection Other

Operations Or Injuries

IMMUNIZATION RECORD: MUST COMPLY WITH NJ REGULATIONS
DPT (1) (2) (3) (4) (5)
POLEO (1) (2) (3) (4)
MMR #1 #2

or MEASLES MUMPS RUBELLA
HIB (1) (2) (3) (4) VARICELLA VX
HEP B (1) (2) (3) MANTOUX TB TEST
PCV (Pneumococcal conjugate vaccine) (1) (2) (3) (4)

Name of Physician Address
Signature of Physician Phone