



**Belleville Public Schools**  
**Physical Exam Record**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Allergies: \_\_\_\_\_

Posture: \_\_\_\_\_ Scoliosis: \_\_\_\_\_

Nutrition: \_\_\_\_\_

Skin: \_\_\_\_\_ Scalp: \_\_\_\_\_

Vision: (R) \_\_\_\_\_ (L) \_\_\_\_\_ (B) \_\_\_\_\_

Vision: w/glasses

(R) \_\_\_\_\_ (L) \_\_\_\_\_ (B) \_\_\_\_\_

Ears: \_\_\_\_\_

Hearing: (R) \_\_\_\_\_ (L) \_\_\_\_\_

Nose: \_\_\_\_\_ Throat: \_\_\_\_\_

Teeth: \_\_\_\_\_ Gums: \_\_\_\_\_

Glands: \_\_\_\_\_ Thyroid: \_\_\_\_\_

Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_

Abdomen: \_\_\_\_\_ Genitalia: \_\_\_\_\_

Spine/Joints: \_\_\_\_\_

Feet: \_\_\_\_\_

Nervous System: \_\_\_\_\_

Extremities: \_\_\_\_\_

Medical History: \_\_\_\_\_

Restrictions/Recommendations: \_\_\_\_\_

**Is pupil able to participate in the Regular Physical Education Program?**

Yes \_\_\_\_\_ No: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

(or stamp)

\_\_\_\_\_  
**Physician's Signature**

**Immunizations**

DTP (Diphtheria, Tetanus, Pertussis) 1. \_\_\_\_\_  
2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Tdap 1. \_\_\_\_\_

Polio 1. \_\_\_\_\_

(IPV/OPV) 2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

MMR (Measles, Mumps, Rubella) 1. \_\_\_\_\_

2. \_\_\_\_\_

HIB (Haemophylus B) 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Hepatitis B (HBV) 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Varicella 1. \_\_\_\_\_

2. \_\_\_\_\_

Pneumococcal 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Meningococcal 1. \_\_\_\_\_

Hepatitis A 1. \_\_\_\_\_

2. \_\_\_\_\_

HPV 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Influenza \_\_\_\_\_

Other \_\_\_\_\_

Titers [ ] please attach lab results

Mantoux: *Transfer in from out of Country*

Date Administered: \_\_\_\_\_

Date of Result: \_\_\_\_\_ Result: \_\_\_\_\_ mm

Date of X-Ray \_\_\_\_\_ Result: \_\_\_\_\_

**IGRA blood testing:**

Result: \_\_\_\_\_

Rx for Positive:

Date Started: \_\_\_\_\_ Completed: \_\_\_\_\_



## BELLEVILLE PUBLIC SCHOOLS

1. **Preschool and Kindergarten** students will **NOT** be permitted to enter school unless the completed physical form and proof of immunization is returned **PRIOR** to the first day of school. **This exam must be done no more than 365 days prior to school entry.**
2. Transfers from **another New Jersey school** must present Immunizations **upon** registration and provide a physical within 30 days.
3. Transfers from **out of state or out of country** have thirty (30) days to submit proof of immunization and a current physical. All non-English language immunizations must be officially/medically translated. Your child will be excluded from school after (30) thirty days without required immunization and physical.
  - Visit your private physician for a physical exam and immunizations.
  - Health Clinic and NJ Family Care information available upon request.

**All completed physical and immunization forms must be returned to the school nurse for review prior to school entry.**

#### 4. Immunization Requirements:

- A. **DTP:** (Ages 1-6) 4 doses with 1 dose given on or after the fourth birthday or any 5 doses, (Ages 7 or older)- any 3 doses.  
**Tdap/Td booster** is required of children who are at least 11 years of age and older AND at the 6<sup>th</sup> grade or higher grade level.
- B. **Polio:** (Ages 1-6) 3 doses with 1 dose on or after the fourth birthday or any 4 doses. (Ages 7 or older) - any 3 doses. Polio vaccine is not required of pupils 18 years of age or older.
- C. **Measles, Mumps and Rubella (MMR):** 1 dose of a live measles, mumps and rubella containing vaccine on or after the first birthday. A second dose of Measles or MMR vaccine is also required.
- D. **Hepatitis B:** K-12 grade - 3 dose minimum interval series or Age 11-15 years a 2 dose adult formulation is acceptable.
- E. **Varicella:** (chicken pox) children born on or after January 1, 1998 are required to receive 1 dose of the Varicella vaccine on or after the first birthday.
- F. **Meningococcal (MCV):** children who are at least 11 years of age and older are required to receive a one-time dose of meningococcal-containing vaccine at the 6th grade or higher grade level.
- G. **Preschool:** **DTP** 4 doses, **Polio** 3 doses, **MMR** 1 dose on or after the first birthday, **Varicella** 1 dose on or after the first birthday, **Hib** and **PCV** at least 1 dose on or after the first birthday, **Influenza** (6-59 mos) 1 dose prior to December 31<sup>st</sup> of each year.

5. **Mantoux Tuberculin Test (TB):** All entrants born out of the country or transferring into school from out of the country **MUST** see the school nurse before school entry for evaluation of Mantoux status.

**It is mandatory that all new registrants comply with the above requirements in order to attend school. If there are any questions, please feel free to call or see the school nurse.**

Thank you