

MARLBORO TOWNSHIP BOARD OF EDUCATION
1980 TOWNSHIP DRIVE
MARLBORO, NEW JERSEY 07746-2298

**FOURTH & SEVENTH GRADES – ROUTINE PHYSICAL EXAM
(THIS IS NOT A SPORTS PHYSICAL FORM)**

Dear Parent/Guardian:

It is recommended that every student in fourth and seventh grades have a ROUTINE physical examination. If you choose to do so, please have your physician complete the physical exam form below and return to the school nurse. Please note that there is a separate physical exam form that must be completed for middle school students who wish to participate in the after-school sports program.

Thank you for your cooperation.

Marlboro Township Public Schools

Today's Date _____

Student's Name _____ Grade _____

Teacher's Name _____ School _____

Blood Pressure _____ Height _____ Weight _____ Audio _____ Vision _____

Allergies _____

Skin _____ Eyes _____ Nose _____ Ears _____ Mouth/Gums _____ Teeth _____ Throat _____

Lymph Nodes _____ Lungs _____ Heart _____ Pulse _____ Scoliosis _____

Orthopedic _____ Nutrition _____

DATE OF LAST BOOSTERS/RECENT IMMUNIZATIONS

DPT/DT _____ Tdap/Adacel/Boostrix _____ Oral Polio _____ MMR Booster _____

Mantoux TB Test _____ Result _____

Varicella: #1 _____ #2 _____ Meningococcal/Menactra _____

Other Immunizations (Include Name and Date Administered) _____

Comments _____

Limitations _____

Date of Physical _____ Physician's Signature _____

THIS DOCUMENT MUST BE EXECUTED NO EARLIER THAN JULY 1, OF THE INCOMING SCHOOL YEAR.