

INTERNATIONAL CHARTER SCHOOL OF TRENTON
105 Grand Street, Trenton, NJ 08611 (609) 394-3111 Fax (609) 394-3116
PRIVATE PHYSICIAN'S MEDICAL EXAMINATION

Pupil's Name _____ International Charter School of Trenton Grade _____

Address _____ Birth date _____ Sex: Male or Female (Circle one)

Significant personal history (Indicate dates)

Significant family history (Indicate dates)

Immunizations: (please indicate month, day, year)

The Mantoux intradermal tuberculin test is the only skin test accepted by the State of New Jersey.

Immunizations given today: _____

Physical Examination

Vision R _____ L _____ with or without correction (circle)

Hearing R _____ L _____

Blood Pressure _____ Pulse _____ Lead Level _____

Height _____ Percentile _____ Weight _____ Percentile _____

Has child any condition needing medical attention? USE CHECK TO INDICATE NEED. -

_____ Ears _____ Heart _____ Nervous System

_____ Eyes _____ Chest Contour _____ Speech

_____ Neck _____ Lungs _____ Orthopedic: _____

_____ Lymph Glands _____ Abdomen _____ Structural

_____ Thyroid _____ Hernia _____ Posture

_____ Nose _____ Genito-Urinary _____ Feet

_____ Throat _____ Skin _____ General Appearance

_____ Teeth-Mouth _____ Nutrition _____ Other _____

Other conditions _____

Explanation of above conditions _____

Recommendations _____ Restrictions, please specify _____

Special recommendations to the school nurse and teacher to benefit the pupil's physical and emotional well-being:

Examining Physician (printed) _____ Signature _____ Date of Exam _____
Telephone # _____ Address _____