

St. Michael Elementary School
 27 Crittenden Street
 Newark, NJ 07104
 Phone: 973-482-7400
 Fax: 973-482-1833

Physical Examination Form
THIS IS A REQUIREMENT

Dear Parents and Guardians:

St. Michael Elementary School requires a physical examination for of each new student. The form below is for you to take to your doctor when you bring your child for his/her physical examination. Please have your doctor fill it out, sign it, and date it.

We require that you get your child's physical done no later than the first week of September so that it will be valid for the entire 2017-2018 school year. Please bring or mail the completed form to St. Michael's School on or before the first week of September so that we may have it on file.

Again, it is mandatory that your child have a completed physical by the first week of September so that he/she may attend and begin his/her time here at St. Michael's School with the rest of his/her class. Thank you very much for your help in this matter.

Sincerely,
 Rosemarie Pallino, RN
 School Nurse

PLEASE PRINT

Child's Last Name: _____ Child's First Name: _____
 Date of Birth _____ Age: _____ Grade: _____

IMMUNIZATION DATES

HBV				
DPT				
POLIO				
Hib				
Pneumococcal (PCV)				
MMR				
VARIVAX				
*MENACTRA		*For those entering grade 6		
*TDAP		*For those entering grade 6		

General Appearance					
Height		Weight		Overweight	
Eyes		Ears		Teeth	
Nose		Tonsils		Thyroid	
Mouth		Heart		Lungs	
Neck (Lymph Nodes)		Hernia		Abdomen Scars	
Blood Pressure		Pulse		Extremities	

Nervous System / Epilepsy:	Allergies (Bee Sting, Peanuts):	Significant Medical Conditions:
Necessary Medications:	May take Physical Education: Yes _____ No _____	Remarks:

DATE: _____ PHYSICIAN'S SIGNATURE _____

PLEASE PRINT NAME AND ADDRESS OR USE RUBBER STAMP:
