The Laurel School of Princeton

2020-2021

The Laurel School of Princeton
800 North Road
Pennington, NJ 08534

PHYSICAL EXAMINATION*(to be completed by a doctor)*

STUDENT'S NAME _____ BIRTH DATE _____ SCHOOL _____

Height _____ Weight _____ Blood Pressure _____

Visual acuity Rt _____ Lt _____ Glasses Yes No Hearing Rt _____ Lt _____

Eyes _____ Ears _____

Heart _____ Tonsils _____

Skeletal _____ Nose _____

Skin _____ Glands _____

Hernia _____ Lungs _____

Abdomen _____ Teeth _____

REMARKS:

1. Does child have any conditions requiring medical attention? _____
2. Recommendations: _____
3. Does child have any visual disability? No _____ Yes _____
   Define: _____
4. Does child have any hearing disability? No _____ Yes _____ Preferential seating _____
5. Significant health history (medical and surgical), including dates and comments: _____
   _____
6. Is child receiving medication or other therapy (now or previously)? _____
   _____
7. Diagnostic impressions: _____
   _____
8. Does child have any restrictions of play or physical education activities? _____
   _____
9. What other recommendations do you wish to make to school personnel which will be of benefit to this child? _____
   _____

I certify that the above named child was immunized or tested on the following dates (month/day/year):

IMMUNIZATIONS

Vaccine Type	Date of Disease	1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose	6th Dose
DTP / DTap							
Tdap							
IPV / OPV							
MMR							
HIB **							
Hepatitis B							
Varicella							
Pneumococcal **							
Meningococcal							
Hepatitis A ***							
Influenza **							
Mantoux / IGRA							
Other							

** *Required for preschoolers (2 months – 5th birthday only)* *** *Not required*

_____ _____ _____

Examining Physician's Signature **Date** **Physician's Stamp**