

ST PAUL SCHOOL

218 Nassau Street

Princeton, NJ 08542

St Paul School requires that all students entering preschool, kindergarten, transferring into St. Paul at any grade and current student's entering 3rd and 6th grade have a physical examination. Please have this form completed by your child's health care provider and return to the school nurse by September 1st.

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

MEDICAL HISTORY _____

OPERATIONS _____

INJURIES/FRACTURES _____

MEDICATIONS _____

PHYSICAL EXAM HEIGHT _____ WEIGHT _____ BMI _____

EYES _____ MOUTH/TEETH _____ ABDOMEN _____

EARS _____ SKIN _____ HEART _____

NOSE _____ SCALP _____ LUNGS _____

THROAT _____ GLANDS/THYROID _____ HERNIA _____

VISION: R _____ L _____ HEARING _____ TANNER STAGE _____

SCOLIOSIS (STUDENTS 10 OR OLDER) _____

SIGNIFICANT FINDINGS _____

RECOMMENDATIONS FOR ACTIVITY: FULL _____ MODIFIED _____ RESTRICTED _____

This student has completed all immunizations as required by NJ state law: Yes _____ No _____

Please attach copy of student's immunization record

PHYSICIAN'S SIGNATURE _____ DATE _____