PRE-K to KINDERGARTEN

St. Aloysius Elementary School Health Office

935 Bennetts Mills Road, Jackson, NJ 08527 - Telephone: 732-370-1515 Fax: 732-370-3555

Student Name_____ Grade _____ Date of Birth _____

Address _____

Parent/Guardian _____Phone No. _____

In order for your child to enter Kindergarten, a new physical exam and proof of the following inoculations must be submitted to the Health Office.

5 doses of DPT (Diptheria, Pertussis, Tetanus)
3 doses of Hep. B (Hepatitis B)
1 dose of Hib
4 doses of OPV or **IPV** (Polio Vaccine)
2 doses of MMR (Measles, Mumps, Rubella)
1 dose Varivax

D.P.T. 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
O.P.V. 1. _____ 2. _____ 3. _____ 4. _____
Hep. B 1. _____ 2. _____ 3. _____
M.M.R. 1. _____ 2. _____
Hib 1. _____
Varivax 1. _____

Disease History (include dates)

Allergies _____ Hepatitis _____ Asthma _____
Lyme Disease _____ Chicken Pox _____ Diabetes _____
Otitis Media _____ Mononucleosis _____ Heart Disease _____
Neuromuscular Disease_____ Convulsive Disorder ____ Others _____

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Legend: N = normal X = abnormal NE = not examined

Eyes _____ Ears _____ Nose _____ Throat _____ Teeth _____
Neck _____ Lungs _____ Heart _____ Chest _____ Liver _____
Spleen _____ Spine _____ Abdomen _____ General body build _____

Joint Function:

Neck _____ Shoulders ____ Elbows _____ Wrists _____ Hands _____
Hips _____ Knees _____ Ankles _____ Feet _____ Hernia _____
Neurological _____

Operations or injuries during the past year _____

Vision with glasses Right _____ Left _____ without glasses Right _____ Left _____

Hearing Sweep Check Right _____ Left _____ or Pure Tone Right _____ Left _____

Any Problems with Speech? _____

I certify that I have examined this student as indicated and find him/her physically fit to participate in all supervised activities at St. Aloysius School.

Physician's signature _____

Physician's printed signature _____

Physician's Examination Date _____ Please stamp above

PLEASE RETURN THE COMPLETED FORM TO THE SCHOOL NURSE AS SOON AS POSSIBLE.