

**Hanover Township Public Schools
Pre-Entrance Physical Examination Form To Be Completed
By Family Physician**

Name: _____ D.O.B.: _____ Physician: _____

Address: _____

Weight: _____ Height: _____ BP: _____

Vision: (R): _____ (L): _____ Disease: _____

Audio: (R): _____ (L): _____ Disease: _____

Heart: _____ Lungs: _____ Abdomen: _____

Skin: _____ Scalp: _____ Mouth/Teeth: _____

Orthopedic: (Structure) _____ (Posture) _____ (Feet) _____

Glands: _____ Thyroid: _____ Nasal Passages: _____ Throat: _____

Teeth: _____ Hernia: _____ Genito-Urinary: _____

Allergies: _____ Surgeries: _____

Abnormalities: _____

Disease History:

Asthma: _____ Mumps: _____ Chicken Pox: _____ Polio: _____ Hepatitis: _____

German Measles: _____ Pneumonia: _____ Meningitis: _____ Mononucleosis: _____

Scarlet Fever: _____ Lyme Disease: _____ Diabetes: _____ Otitis Media: _____

Congenital Defects: _____ Convulsive Disorders: _____

Neuromuscular Disorders: _____ Heart Disease: _____ Strep: _____

Other: _____

Recommendations/Limitations: _____

_____ **Date of physical**

_____ **Signature of MD (No Stamp)**

Immunization Requirements: List month/day/year

VACCINE TYPE	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	LEAD SCREENING	
						Test Date	Result
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination <i>*(If Td or DT, indicate in corner box)</i>							
Tdap							
POLIO - INACTIVATED POLIO VACCINE (IPV) <i>If oral vaccine, indicate (OPV) in corner box</i>							
MEASLES, MUMPS, RUBELLA (MMR)						Document below single antigen vaccine receipt, serology titers, or varicella disease history	
HAEMOPHILUS B (HIB)**							
HEPATITIS B						Hepatitis B	Date: _____ Titer: _____
VARICELLA						Varicella	Date: _____ Titer: _____
PNEUMOCOCCAL CONJUGATE **						Measles	Date: _____ Titer: _____
MENINGOCOCCAL						Mumps	Date: _____ Titer: _____
HEPATITIS A ***						Rubella	Date: _____ Titer: _____
HPV (HUMAN PAPILLOMAVIRUS) ***							
OTHER							

Provisional admission attached-Date Granted: _____ Medical exemption attached Religious exemption attached

Mantoux Test Date: _____ Read Date: _____ Results: _____

(Office immunization form may be attached)