

# SOMERDALE PARK SCHOOL

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School Nurse

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## NEW STUDENT MEDICAL EVALUATION-Grades 1-8

Please have examination done and form completed in full by your private physician.

New Jersey State Administrative Code-Title 6A, Chapter 16 & School Board Policy requires that this form be completed and returned to the School Nurse for all new student registrations *PRIOR* to admission to school

*The date on the physical form must indicate that, the physical was provided by your Medical provider within the last 365 days*

STUDENT'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_

### HEAD:

Eyes: Physical exam  
Acuity OD: \_\_\_\_\_ OS: \_\_\_\_\_ OU: \_\_\_\_\_  
Ears: Physical exam  
Audiogram: \_\_\_\_\_  
Nose:  
Throat:  
Neck:

### GENITALIA:

Hernia:  
Hydrocele:  
Undescended testicles:

### CHEST:

Heart:  
Lungs:  
Rib Cage:

### NERVOUS SYSTEM:

Reflexes:  
Coordination:  
Gross Motor:  
Fine Motor:

### ABDOMEN:

### SKIN:

### SPINE:

Posture:  
Scoliosis Screening (age 8 and older):

### REMARKS:

DATE OF EXAM: \_\_\_\_\_ DR.'s Signature: \_\_\_\_\_ Phone#: \_\_\_\_\_

Dr.:(PleasePrint): \_\_\_\_\_ Address: \_\_\_\_\_

Reviewed/revised 2-3-11 MED