



WOODLAND TOWNSHIP BOARD OF EDUCATION  
 CHATSWORTH ELEMENTARY SCHOOL  
 2 John Bowker Jr. Blvd. - P.O. Box 477  
 Chatsworth, New Jersey 08019  
 Phone: (609) 726-1230 Fax: (609) 726-9037  
 www.woodlandboe.org

Misty Weiss - Superintendent  
 Carolyn Fischl - Supervisor  
 Laura Archer - Business Administrator

**PHYSICAL EXAMINATION FORM FOR NEW STUDENTS**

*\*(To Be Completed by Physician)\**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Immunizations**

Please see attached for required immunizations AND also attach an updated copy of the child's immunization record.

**Medical History**

Allergies? Y or N	Diabetes? Y or N
Asthma? Y or N	Kidney Disorders? Y or N
Cardiac Disorders? Y or N	Neuromuscular Disorders? Y or N
Convulsive? Y or N	Injuries? Y or N
Congenital Defects? Y or N	Surgeries? Y or N

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Physical Examination**

[Fill in any abnormalities or check off if normal]

Ears:	Heart:	Posture:
Eyes:	Lungs:	Nervous System:
Nose:	Abdomen:	Nutrition:
Throat:	Hernia:	Speech:
Teeth:	Genito/Urinary:	
Glands:	Skin:	

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Male or Female  
 Blood Pressure: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_) Vision: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Hearing: \_\_\_\_\_

**Is this child cleared for all school activities? (Including physical education): Y or N**

**If no, please explain:** \_\_\_\_\_

General Overall Appearance: \_\_\_\_\_

Does this child regularly take medication?: \_\_\_\_\_

**Comments or Recommendations:**

\_\_\_\_\_  
 \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Office Stamp: