



Pennsville Public School District

30 Church Street, Pennsville, NJ 08070-2199

Michael Brodzik, Ed.D.
Superintendent

Office (856) 540-6200
Fax (856) 678-7565

Dear Parents:

Because of a change in the law and the rules of the N.J. State Board of Education and the N.J. Department of Health and Senior Services, parents are now required to obtain school physical examinations for their children at their "medical home" instead of these physicals being provided by school districts.

The new Guidelines were established in order to insure: (a) the learning potential of each student is not diminished by a correctable physical disability, (b) the student is able to participate in the school program, and (c) the community is protected from the spread of communicable disease.

Physical exams are **required** for all students entering Kindergarten, all students transferring from out of district, those students applying for working papers, and some students as referred by the Child Study Team. In addition the law requires, **annually**, a physical for all students who participate in school sponsored sports activities. **Please see the school nurse for the appropriate physical form.**

In addition it is strongly recommended that you obtain a medical exam for your child during the following developmental stages:

- at least one time during 4th to 6th grade
- at least one time during 7th to 12th grade

Your family physician, nurse practitioner or doctor of your choice must do the medical exam, with the cost borne by the family. The physical form must be submitted to the school nurse within 30 days of entrance to school.

If you are financially unable to meet this requirement, please contact the school nurse to determine if you are eligible for services. If your child qualifies for free and/or reduced lunch, the examination will be done by the school physician at his office at no cost to you. Please see the school nurse to determine this eligibility as well.

If you have any additional questions, please direct them to the nurse at your child's school.

Sincerely,

A handwritten signature in cursive script that reads "Michael Brodzik Ed.D.".

Michael Brodzik, Ed.D.
Superintendent of Schools

PENNSVILLE PUBLIC SCHOOL DISTRICT
www.psdnet.org

30 Church Street



Pennsville, New Jersey 08070



(856) 540-6200

PRIVATE PHYSICIAN'S REPORT OF MEDICAL EXAMINATION

Name _____ Age _____ Grade _____

Parent's Name _____ School _____

Date of Exam _____

To the Family Physician:

Will you kindly record on this form the findings of your examination and your recommendations for academic and activity program? Please return to the school nurse.

Thank you,

*Michael Brodzik, Ed.D.
Superintendent of Schools*

Significant illnesses, accidents, operations, congenital defects, family history, etc.

Please describe:

Is pupil capable of carrying a full program of school work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Should there be restrictions of physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Is special seating placement recommended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Is there need for dental, psychiatric, medical or surgical care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Physical findings: *Please fill out in full*

Height _____ Weight _____

Visual acuity (right) _____ (left) _____ (Both) _____

Hearing _____

Blood Pressure _____

Eyes _____

Ears _____

Lymph Glands _____

Thyroid _____

Nose _____

Throat _____

Teeth-Mouth _____

Heart _____

Lungs _____

Abdomen _____

Hernia _____

Genito-urinary _____

Orthopedic Structural _____

Posture _____

Feet _____

Scoliosis (10-18 yrs) _____

Skin (non-comm.) _____

Nutrition _____

Nervous System _____

General Appearance _____

Other/Additional Notes _____

Please indicate the most recent OR attach most up-to-date immunization record

DT _____

Polio _____

MMR _____

Hep B #1 _____ #2 _____ #3 _____

Mantoux _____

Varicella _____

**Physician's
Name (printed)** _____

**Physician's
Signature** _____