

MONROE TOWNSHIP PUBLIC SCHOOLS  
PRIVATE PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION  
(TO BE RETURNED TO THE SCHOOL)

N-18b (rev. 9/29/11)

IMMUNIZATION REGISTRY NUMBER

Name of Child (Last, First, M.I.) \_\_\_\_\_ Date of Birth (Mo/Day/Yr) \_\_\_\_\_ Sex  Male  Female

PARENT OR GUARDIAN NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

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 PAPILOMAVIRUS) ***							
OTHER							

Provisional admission attached-Date Granted: \_\_\_\_\_  Medical exemption attached  Religious exemption attached

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Results: \_\_\_\_\_

TB Testing:

_____	_____	_____
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Note: The Mantoux test is the ONLY accepted method of testing according to N.J. AC 6.29-4.2

Has child been tested for lead poisoning? Yes / No If Yes, Give Date \_\_\_\_\_ What are the results? \_\_\_\_\_

Medical History: (Give significant details, including serious illness, allergies, operations, accidents, etc.) \_\_\_\_\_

Report of Examination: Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ B/P \_\_\_\_\_ Visual Acuity \_\_\_\_\_

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
EYES			HEART			POSTURE		
EARS			LUNGS			ORTHOPEDIC		
SKIN			ABDOMEN			REFLECTION		
NOSE & THROAT			SPINE			VISION		
TEETH			FEET			HEARING		
						HERNIA		

Explain abnormalities found \_\_\_\_\_

Is the child under treatment for any illness or abnormalities? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes explain \_\_\_\_\_

Is the child taking any medication? YES \_\_\_\_\_ NO \_\_\_\_\_

May the child participate in physical education activities and regular play? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, please specify restrictions \_\_\_\_\_

_____	_____	_____	_____
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Signature of Physician \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_ Date of Examination \_\_\_\_\_

Print Name of Physician \_\_\_\_\_

**MONROE TOWNSHIP PUBLIC SCHOOLS**

**Central Registration**

423 Buckelew Avenue  
Monroe Township, NJ 08831

**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**  
**(CONFIDENTIAL)**

MAIL - School and Medical Records to the school listed below:

___ Monroe Township High School (MTHS)	200 Schoolhouse Rd., Monroe Township, NJ 08831 Tel: (732) 521-2882 Fax: (732) 521-2430
___ Monroe Township Middle School (MTMS)	1629 Perrineville Road, Monroe Township, NJ 08831 Tel: (732) 521-6042 Fax: (732) 521-2846
___ Applegarth Elementary School	227 Applegarth Rd., Monroe Township, NJ 08831 Tel: (609) 655-0604 Fax: (609) 655-0643
___ Oak Tree Elementary School	226 Applegarth Rd., Monroe Township, NJ 08831 Tel: (609) 655-7642 Fax: (609) 655-7612
___ Brookside School	370 Buckelew Ave., Monroe Township, NJ 08831 Tel: (732) 521-1101 Fax: (732) 521-6022
___ Woodland School	42 Harrison Ave., Monroe Township, NJ 08831 Tel: (732) 251-1177 Fax: (732) 251-1563
___ Barclay Brook School	358 Buckelew Ave., Monroe Township, NJ 08831 Tel: (732) 521-1000 Fax: (732) 605-0180
___ Mill Lake School	115 Monmouth Rd., Monroe Township, NJ 08831 Tel: (732) 251-5336 Fax: (732) 251-0886

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**INFORMATION REQUESTED**

- NJ STATE ID #
- Transfer Card (including attendance record)
- Transcript of grades
- ESL/ELL WIDA Access Test Scores
- IEP including Psychological and/or Psychiatric results, educational evaluations, social reports
- Discipline Records
- Complete Health Record (including immunizations)
- Report Card (current)
- Standardized Achievement Test Results

**CHILD STUDY TEAM RECORDS**

MAIL - Official Child Study Team Records, including but not limited to, Psychological and/or Psychiatric results, educational evaluations, social reports, etc. **MAIL ALL CHILD STUDY RECORDS TO: Pupil Personnel Services**  
Monroe Township Public Schools  
423 Buckelew Avenue, Monroe Township, NJ 08831

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Shared-Time Vocational School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

I AUTHORIZE THE MONROE TOWNSHIP PUBLIC SCHOOLS TO RECEIVE THIS INFORMATION. I UNDERSTAND AND HAVE BEEN INFORMED THAT I HAVE THE RIGHT TO REVIEW ANY INFORMATION THAT IS SENT BY ANY OF THE ABOVE AGENCIES.

\_\_\_\_\_  
Date \_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date \_\_\_\_\_  
School Official