

**HACKENSACK PUBLIC SCHOOLS**

Hackensack, NJ 07601

**NEW ENTRANTS REQUIREMENTS****Immunizations:**

Documentation from a doctor or clinic is needed for: Diphtheria, Pertussis & Tetanus (DPT), Polio, Measles, Mumps, Rubella (MMR), Haemophilus B Influenza (HIB), Hepatitis B, Varivax, Prevnar, Flu, and Meningitis.

**Physical Exam:**

All new students must have a physical exam done by their private doctor. An exam done within a year of entering school will be acceptable. Please have your family doctor complete this form and return it to school.

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SCHOOL \_\_\_\_\_

GRADE \_\_\_\_\_ ROOM \_\_\_\_\_

IMMUNIZATIONS: (Month, Day, Year)

 PHYSICAL EXAMINATION: Date \_\_\_\_\_  
 N=Normal; if abnormal, please explain

DPT	/ /	/ /	/ /	/ /
Boosters	/ /	/ /		
Polio	/ /	/ /	/ /	/ /
Boosters	/ /			
MMR	/ /	/ /		
HIB	/ /	/ /	/ /	/ /
HEP B	/ /	/ /	/ /	
PREVNAR	/ /	/ /	/ /	/ /
VARIVAX	/ /	/ /		
FLU	/ /			
MENINGITIS	/ /			

Height \_\_\_\_\_ Wt \_\_\_\_\_ B/P \_\_\_\_\_

Vision: R \_\_\_\_\_ L \_\_\_\_\_

Hearing: R \_\_\_\_\_ L \_\_\_\_\_

Nose: \_\_\_\_\_ Heart: \_\_\_\_\_

Throat: \_\_\_\_\_ Murmur: \_\_\_\_\_

Neck: \_\_\_\_\_ Abdomen: \_\_\_\_\_

Lungs: \_\_\_\_\_ Extremities \_\_\_\_\_

Mouth: \_\_\_\_\_ Scoliosis: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

\_\_\_\_\_

Accidents: \_\_\_\_\_

Operations: (Give Dates): \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Unusual Diseases or Contagion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MANTOUX – Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Result \_\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please fill out immunizations for new entrant or if recent Booster has been given.

Full participation in physical education: YES \_\_\_\_ NO \_\_\_\_

Rev 2/08

 \_\_\_\_\_  
 Signature of Physician  
 Please Stamp