



**Middle Township Elementary #1**  
**215 Eldredge Road**  
**Cape May Court House, NJ 08210**  
**609-463-1900 Ext. 1205**

**Report of Student Medical Examination**  
 Grades Preschool through Grade 2

This form is to be completed by the student's "medical home" (family physician or advanced practice nurse).

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Medical History (Including allergies, past serious illnesses, injuries, and operations, medications, diabetes, familial disorders and current health problems):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Exam Date:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Blood Pressure** \_\_\_\_\_/\_\_\_\_\_  
**Pulse** \_\_\_\_\_ **bpm**

<b>Vision:</b>	NEAR	FAR	Corrected:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	R 20/_____	R 20/_____	Contacts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	L 20/_____	L 20/_____	Glasses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Hearing:</b>	R _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	L _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-----------------	---------	--	---------	--

	Normal	Abnormal Findings	Comments
<b>Ears (otoscopic)</b>			
<b>Eyes</b>			
<b>Lymph Glands</b>			
<b>Thyroid</b>			
<b>Nose</b>			
<b>Throat</b>			
<b>Teeth-Mouth</b>			
<b>Heart</b>			
<b>Lungs</b>			
<b>Abdomen</b>			
<b>Hernia</b>			
<b>Genito-Urinary</b>			

**PLEASE COMPLETE REVERSE SIDE**

<b>ORTHOPEDIC</b>			
<b>Structural</b>			
<b>Posture</b>			
<b>Feet</b>			
<b>Skin</b>			
<b>Nutrition</b>			
<b>Nervous System</b>			
<b>Speech</b>			
<b>Other</b>			
<b>General Appearance</b>			

**PLEASE ATTACH IMMUNIZATION RECORD**

Medications Currently in Use
Additional Observations

Are there any modifications required for full participation in school? [ ] YES [ ] NO

---



---

**PLEASE SIGN AND DATE**

**Examining Physician's/Provider's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**MIDDLE TOWNSHIP ELEMENTARY #1 SCHOOL NURSE**

<b>ELEMENTARY #1</b>	PATRICIA ATTENBOROUGH	609 -463-1900	x1205
	KAREN OLIVER		x1221