



**MONTESSORI  
SEEDS OF  
EDUCATION**

## Physical Form

**One form per student:** for the following developmental stages K and 3<sup>rd</sup> grades (fulfilling NJ law requirement of every three years). To be filled out by your student's pediatrician and delivered to the Health Office preferably before the first day of school and no later than September 30th.

Student's Name: \_\_\_\_\_ Date of Exam (MUST BE FILLED IN): \_\_\_\_\_

Student's Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Physical	Health History
Nutrition: _____	Allergies? _____
Skin: _____	a. Food? _____
Eyes – without glasses: _____	b. Environment? _____
– with glasses: _____	c. Medication? _____
ENT: _____	Present Medications? _____
Heart: _____	Seasonal Medications? _____
Lungs: _____	Frequent Colds? _____
Abdomen: _____	Ear Infections? _____
Lymph System: _____	Any Accidents? _____
Neuro Muscular: _____	Operations? _____
Orthopedic: _____	Chronic Illness? _____

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

➤ **Immunizations for current students:** Please add any new immunizations since original admission physical.

	#1 (Date)	#2 (Date)	#3 (Date)	#4 (Date)	#5 (Date)
DPT/TD:					
Polio:					
Hepatitis B					
Hepatitis A					
MMR:					
Varicella:					
Meningococcal:					
Other:					

Name of Physician (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Official Stamp: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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