



WEST MILFORD PUBLIC SCHOOLS

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June 2010

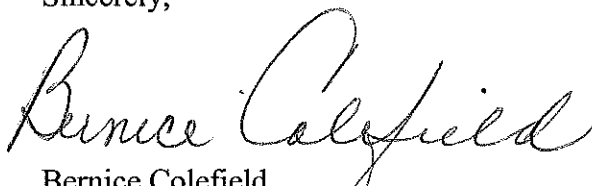
Dear Parent/Guardian:

A few years ago, the New Jersey State Board of Education amended their regulations which previously required that students be provided with physical examinations at four different grade levels in the school setting. These new regulations ended this practice and directed school districts to only provide physicals to students who do not have a "medical home" or family physician. The school districts have been advised to remind parents of the importance of complete physical examinations, which should be done at least one time during each of a child's developmental stages; i.e., early childhood (preschool through grade 3), pre-adolescence (grades 4 through 6), and adolescence (grades 7-12). Once again, all of these exams must be done by the family physician if a student has a family doctor. I have attached to this letter the district's approved physical form, which we would ask that you have completed by your family physician and returned to your child's school nurse. We are sending this letter in a more timely fashion in order to allow you more time over the summer to complete this request.

Our schools will still be conducting the bi-annual screenings for scoliosis (between the ages of 10 and 18) and maintaining all other health services in the Nurse's Office as we have in the past. High School physicals are still required before students may participate in any sport and extracurricular activity, including band, and these may be done by the school sports physician or by the student's family physician, at the parents' expense. Evidence of physicals completed by a private physician must be submitted by the date(s) of the scheduled physicals at the High School and must be on the West Milford Township High School's "Sports Physical Form."

Thank you very much for your attention to this important matter. Please feel free to contact your child's school nurse if you have any questions.

Sincerely,



Bernice Colefield
Superintendent of Schools

BC:dc
Attachment
Bc/dc/nurses/physicalletterupdate2010

**WEST MILFORD TOWNSHIP PUBLIC SCHOOLS
STUDENT PHYSICAL EXAMINATION**

Date of Exam _____

NAME _____ BIRTH DATE _____ GRADE _____ SEX M _____ F _____

ADDRESS _____ HEIGHT _____ WEIGHT _____

EARS _____ EYES _____ LYMPH GLANDS _____ THYROID _____

NOSE _____ THROAT _____ TEETH/MOUTH _____ HEART _____

LUNGS _____ ABDOMEN _____ HERNIA _____

GENITO-URINARY _____ SPINE/SCOLIOSIS _____ FEET/POSTURE _____

SKIN _____ NUTRITION _____ NERVOUS SYSTEM _____ SPEECH _____

OTHER _____ GENERAL APPEARANCE _____

BP _____ HEARING R _____ L _____ VISION R _____ L _____

**CODE: N-Normal X-Needs Attention

Please circle the appropriate vaccine and types given below for the DPT and Polio sections. It is required by the NJDOH.

PAST HISTORY

IMMUNIZATION RECORD

<u>DISEASE</u>	<u>AGE</u>
Chicken Pox	_____
German Measles	_____
Measles	_____
Mumps	_____
Strep Infections	_____
MRSA	_____
Pneumonia	_____
Asthma	_____
Tuberculosis or Contact	_____
Otitis Media	_____
Heart Disease	_____
Epilepsy/Seizure Disorder	_____
Congenital Defect	_____
Rheumatic Fever	_____
Lyme Disease	_____
Lead Poisoning	_____
Allergies: Foods	_____
Pollen, Grass, Weeds, etc.	_____
Medications	_____
Injuries:	_____
Surgery:	_____
Hospitalizations:	_____
Comments:	_____

DATES (Month/Day/Year)

<u>VACCINE (circle one)</u>	<u>Date Given</u>
DT DTP Dtap 1	_____
DT DTP Dtap 2	_____
DT DTP Dtap 3	_____
DT DTP Dtap 4	_____
DT DTP Dtap 5	_____
TDAP	_____
OPV IPV 1	_____
OPV IPV 2	_____
OPV IPV 3	_____
OPV IPV 4	_____
MMR 1	_____
MMR 2	_____
HIB 1	_____
HIB 2	_____
HIB 3	_____
HIB 4	_____
HEP B 1	_____
HEP B 2	_____
HEP B 3	_____
VARICELLA 1	_____
VARICELLA 2	_____
PNEUMOCOCCAL CONJUGATE	_____
INFLUENZA	_____
MENIMUNE MENACTRA	_____
GARDISIL	_____
HEP A 1	_____
HEP A 2	_____

Mantoux/TB Test
Date Adm. _____
Results: _____

Physician's Signature _____
Phone No.: _____
Date: _____
Print or Stamp M.D. name: _____

**KINDERGARTEN PHYSICAL AND IMMUNIZATIONS MUST BE UP-TO-DATE,
COMPLETED AND SUBMITTED PRIOR TO SCHOOL ENTRY.**