Hopatcong Borough Schools

Mr. Art DiBenedetto
Superintendent of Schools

Learning Today. Leading Tomorrow.

PreSchool Students

Dear Parents,

The following items ae required in order for PreSchool students to start school in September.

4. Recent Physical Exam that has been preformed within the last year
5. Copy of childs immunization record
6. All immunizations must be up-to-date

DTaP-a total of 4 doses
Polio- a total of 3 doses at least one given on or after the 1st birthday.
Hib – 1-4 doses at least one given on o fter the 1st birthday.
MMR – 1 doses
Varicella – 1 dose
PCV1e – 1-4 doses at least one given on or afte the 1st birthday

**Current seasonal flu vaccine every year no later than December 31.

A copy of the Student Physical for Hopatcong School District is attached.

Student Physical Hopatcong School District

Name:	Date of Physical Exam:
Gender: Male Female	DOB: Age:

PHYSICAL EXAM	NORMAL	IF ABNORMAL - COMMENTS
Skin and lymph nodes		
Eyes		
Ears		
Nose		
Throat		
Teeth and Gums		
Glands – cervical thyroid other		
Heart/Cardio		
Lungs/Respiratory		
Abdomen/GI		
Hernia		
Kidneys/Bladder/GU		
Neurologic/Developmental/Speech		
Orthopedic		

MEDICAL CONDITIONS

Chronic Medical Conditions	[] none	comments
Surgeries	[] none	comments
Medications/Treatments	[] none	comments
Allergies-Food or Medication	[] none [] care plan attached	comments
Emergency Plans (asthma, diabetic, seizures, Epinephrine)	[] none [] care plan attached	comments
Special diet/Vitamin & Mineral supplements	[] none	comments
Behavior Issues/Mental Heath Diagnosis	[] none	comments

PREVENTIVE HEALTH SCREENINGS

Type	Date Performed	Results	Type	Date Performed	Results
Hearing			Scoliosis		
Vision		Left eye	Right eye	Both eyes	
Height:		Weight:		B/P:	

TB (mm of induration)_____ date performed_____

Are there any other restrictions to child's activities or physical limitations?_____

☐ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all school activities, including physical education and competitive contact sports, unless noted above.***

Health Care Provider Stamp

Name of Health Care Provider (print)

Signature/Date Form Signed