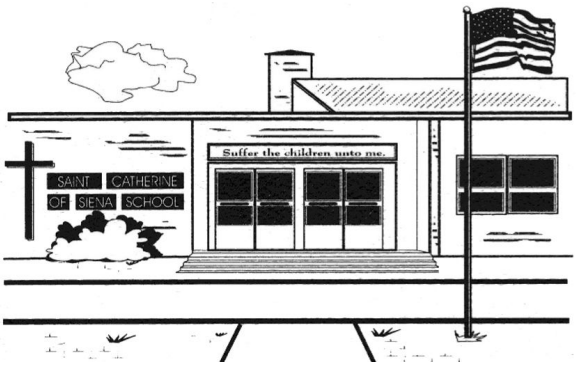

ST. CATHERINE OF SIENA SCHOOL
Middle States Accredited
39 E. Bradford Avenue, Cedar Grove, NJ 07009
Telephone 973-239-6968 • Fax 973-239-1008
www.scs-school-cedargrovenj.org

TO: Parents of NEW Students **Grades 1–5** *and* CURRENT Students **Grade 4**
FROM: Mrs. Bethanie Sundlin, RN, BSN
RE: Pre-entrance physicals/completed immunizations

In order to enter St. Catherine of Siena School, all NEW students (Grades 1-5) must have **(1) a pre-entrance physical** and **(2) completed immunizations.**

In accordance with the recommendation of the NJ Department of Education (N.J. A.C.6A:16-2- 2(d)1), we also recommend that **all current students in grades 4** also receive a physical examination.

For your convenience, I am listing the required immunizations on the back of this letter. **If your child(ren)'s immunizations are incomplete, your child will not be permitted to start school until they are completed.**

Please be sure the health examination form and immunization record are completed and **signed by your physician** with date of examination. ALL forms must be completed, signed and returned by June 1st. **Please remember that your child will not be permitted to enter school if all medical forms are not submitted.** If you have any questions, please feel free to call me at school.

ST. CATHERINE OF SIENA SCHOOL PHYSICAL EXAMINATION

Name _____ ***Exam Date** _____ Age _____ Date of Birth _____
Address _____ City/State/Zip _____ Home Phone _____
School _____ Sport _____ Grade _____ Sex _____
Physician _____ Phone _____ Fax _____
Address _____ City/State/Zip _____

PHYSICIAN OR PROVIDER INFORMATION - PLEASE COMPLETE BOTH PAGES

Height: _____ Weight: _____ Blood pressure: _____/_____ Pulse: _____bpm
Vision: R 20/_____ L 20/_____ Corrected: Y/NContacts: Y/N Glasses: Y/N

	Normal	Abnormal Findings	Comments
Head/Neck			
Eyes/Sclera/Pupils			
Ears/Hearing			
Nose/Mouth/Throat			
Heart: Murmurs/Rhythms			
Lungs: Auscultation/Percussion			
Chest Contour			
Skin			
Abdomen: Assessment(inc. liver, spleen)			
Tanner Stage: Testes/onset of menses			
Hernia	No	Yes/Possible	
Neck/Back/Spine: Range of motion			
Scoliosis			
Upper Extremities			
Lower Extremities			
Neurological: Balance & Coordination:			
Romberg			
Heel Walk			
Tandem Walk			
Nose Touch			
Toe Walk			
Most recent immunization/dates:			
Medications currently in use:			
Allergies:			
Operations or accidents:			

A. Student may participate in athletics: Yes _____ No _____ Date _____
B. Cleared after completing evaluation/rehabilitation for: _____
C. NOT CLEARED FOR: Collision _____ Contact _____ Non-contact _____
Strenuous _____ Moderate _____ Non-strenuous _____
Diagnosis: _____
Recommendations: _____

Examined by: Family Physician/Provider _____ **School Physician _____** **_____MD _____DO _____NP _____PA** **✱Physician/Provider Signature _____**	**Physician's/Provider's Stamp:**