

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: New Parents/Students Kindergarten FROM: Mrs. Bethanie Sundlin, RN, BSN

RE: Pre-entrance physicals/completed immunizations



In order to enter St. Catherine of Siena Pre School Program, all new students are required to have:

- 1) Pre-entrance physical exam
- 2) Completed updated immunizations
- 3) New Student Health Survey

Physical examination forms and immunization records must be completed and signed by your physician with the date of examination.

All forms must be completed, signed and returned by June 1st.

Please remember – your child will not be permitted to enter school if all medical forms and completed immunizations are not submitted.

Name	*Exam Date	HOOL PHYSICAL EXA	Date of Birth
Address	City/State/Zip		Home Phone
School	Snort		Grade Sex
Physician	Phone	Fax	Grade Sex
AddressSchool	City/Stat	1 us	
Address	City/Stat	e/Zip	
PHYSICIAN OR PRO	OVIDER INFORMA	TION - PLEASE COMP	PLETE BOTH PAGES
Height: Weigh	at· Bl	ood pressure: /	Pulse:bpm
Height: Weight Vision: R 20/ L 20/ Correc	ted: Y/NContacts:	Y/N Glasses: Y/I	 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:		<u> </u>	
Testes/onset of menses			
Hernia	No	Yes/Possible	
<u> </u>	INU	Y es/ russiuic	
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 athle	etics: Yes	No	Date
B. Cleared after completing evalu	ation/rehabilitation fo	r:	
C. <u>NOT CLEARED FOR:</u> Colli Stren	cor Cor	ntact Non-	-contact
Strer	mons Mo	derate Non-	-strenuous
Dinanasis:	11000	delate	Suchaous
Diagnosis:			
Recommendations:			
Examined by: Family Physician/P	rovider	Physician's/P	rovider's Stamp:
School Physician _		J	10/1401 5 200P
MDDONP	rA		
*Physician/Provider Signature			
Thysician/frovider signature			