

LAKEHURST ELEMENTARY SCHOOL

Child's Name: _____ Birth Date: _____
(Last) (First) (Middle)

Address: _____ Male: _____ Female: _____

PHYSICAL CODE: 0 = NO DEFECTS 1=SLIGHT DEVIATION 2=REQUIRES ATTENTION

Byes: R _____ L _____	Glands _____	Posture _____	Extremities _____
Throat _____	Ears _____	Spine _____	B/P _____
Teeth _____	Heart _____	Nose _____	Height _____
Abdomen _____	Hernia _____	Lungs _____	Weight _____

MANDATORY IMMUNIZATIONS: (ENTER MONTH, DAY, AND YEAR)

- 1) DPT: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
(One dose must be given on or after 4th birthday & booster required for children born after 1/1/97 entering 6th grade)
- 2) POLIO: 1. _____ 2. _____ 3. _____ 4. _____
(One dose must be given on or after 4th birthday)
- 3) MMR: 1. _____ 2. _____ (1st dose must be on or after 1st birthday)
- 4) HEPATITIS B: 1. _____ 2. _____ 3. _____
- 5) H.L.B.: 1. _____ 2. _____ 3. _____ 4. _____
- 6) VARIVAX (Chickenpox): 1. _____ 2. _____ (1st dose must be on or after 1st birthday)
- 7) INFLUENZA: _____ (Required for preschool: Must be given between 9/1 - 12/31)
- 8) PNEUMOCOCCAL: _____ (Required for preschool)
- 9) MENINGOCOCCAL: _____ (Required for children born after 1/1/97 & entering 6th grade)

DISEASES:

Chicken Pox _____	Tuberculosis _____	Streptococcus Infections _____
Mumps _____	Measles _____	T.B. Contact _____
Diphtheria _____	Scarlet Fever _____	Operations _____
Otitis Media _____	Poliomyelitis _____	

Allergies _____

RECOMMENDATIONS OR RESTRICTIONS CONCERNING THIS PUPIL ENTERING SCHOOL:

Physician's Signature _____ Date _____ Printed or stamped name _____