TRENTON PUBLIC SCHOOLS
Trenton, New Jersey
Office of School Health Services

SH-04

PHYSICAL EXAMINATION DEFICIENCY NOTICE

PUPIL'S NAME_____BIRTHDATE_____

SCHOOL_____GRADE_____

Dear Parent/Guardian:

Physical examinations of students are required at the time of school entry into the district. New Jersey law requires that "medical examinations of students must be conducted in the "medical home" of the student with a full report sent to the school."

Your child will not be allowed to attend school, if the school nurse does not receive a physical examination report (Universal Child Health Record CH-14).
Failure to comply with this request will result in your child being excluded from school as of _____.

If your doctor cannot see your child by the date noted above, please contact the school nurse. You will be asked to provide proof of your child's doctor/clinic appointment.

Sincerely,

_____ _____ _____
School Nurse Date Telephone Number

I am aware that the above physical examination requirement must be met.

_____ _____
Parent Signature Date

TLM:jd 6/08