



REPORT OF PHYSICAL EXAMINATION

Name: _____ **DOB:** _____ **Grade:** _____ **Sex:** _____

Parent/Guardian: _____ **Phone Number:** _____

Address: _____

Vaccine	Doses <small>Please provide exact dates.</small>									
DtaP DPT Td	1		2		3		4		5	
	6		7							
Tdap* (Adacel)	1		2							
Polio (OPV, IPV)	1		2		3		4		5	
Hepatitis B	1		2		3					
MMR	1		2							
Varivax #1					Varivax #2					Varicella Disease Date
Meningococcal* MCV									Other	
PPD					MM results				INH Therapy	Other

Allergy _____ **Epi-pen** **Yes** **No**

Medical History _____

Surgical History _____

Examination _____ **Date** _____

Height _____ **Weight** _____ **BMI for Age Percentile** _____ **BP** ____ / ____ **Pulse** _____

		Normal	Abnormal			Normal	Abnormal
General Nutrition _____		<input type="checkbox"/>	<input type="checkbox"/>	General Nutrition _____		<input type="checkbox"/>	<input type="checkbox"/>
Skin _____		<input type="checkbox"/>	<input type="checkbox"/>	Skin _____		<input type="checkbox"/>	<input type="checkbox"/>
Ears _____		<input type="checkbox"/>	<input type="checkbox"/>	Ears _____		<input type="checkbox"/>	<input type="checkbox"/>
Nose & Throat _____		<input type="checkbox"/>	<input type="checkbox"/>	Nose & Throat _____		<input type="checkbox"/>	<input type="checkbox"/>
Glands _____		<input type="checkbox"/>	<input type="checkbox"/>	Glands _____		<input type="checkbox"/>	<input type="checkbox"/>
Heart _____		<input type="checkbox"/>	<input type="checkbox"/>	Heart _____		<input type="checkbox"/>	<input type="checkbox"/>
Lungs _____		<input type="checkbox"/>	<input type="checkbox"/>	Lungs _____		<input type="checkbox"/>	<input type="checkbox"/>
Abdomen _____		<input type="checkbox"/>	<input type="checkbox"/>	Abdomen _____		<input type="checkbox"/>	<input type="checkbox"/>

Is this student currently under treatment? **Yes** **No**
Please list any current or long-term medications (and reason for administration): _____

Should this student have any physical restrictions? _____

Signature of Examining Physician

Name of Examining Physician

Phone Number

Office Stamp

According to 28 PA.CODE CH 23.81 (School Immunization) and 28 PA.CODE CH 23.2 (Medical Examination), the following information must be provided:

1. Evidence of Immunization and completion of the CERTIFICATE: The Pennsylvania Department of Health regulations require students to be properly immunized and provide verification to attend school unless they have a documented medical or religious/philosophical exemption. The following immunizations are required:

- 1. Four doses of Diphtheria and Tetanus** (one dose administered on or after the fourth birthday), usually gives as DTP, DTaP, DT or Td.
- 2. Three doses of Polio vaccine**, (oral (OPV) or injectable (IPV))
- 3. Two doses of Measles, Mumps and Rubella (MMR) vaccine**, one after 12 months of age and a second dose of Measles, Mumps vaccine (preferably given as MMR).
- 4. Three doses of Hepatitis B vaccine**, the first two doses given one month apart and the third dose six months after the first dose.
- 5. Evidence of Varicella (Chicken pox) immunity:**
 - Date of Varicella disease **OR**
 - Two doses of Varicella vaccine.

All students attending 7th grade:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) *If five years has elapsed since last tetanus immunization.*
- 1 dose of meningococcal conjugate vaccine (MCV)

2. Physical Examination: The School Health Law requires medical examinations for children on entrance to school and in grades 6 and 11. These grades were selected because they represent critical periods of growth and development in a child's life. It is important that the school have a record of the child's health status. This knowledge enables the school staff to help children achieve the maximum benefit of their educational opportunities.

It is recommended that these examinations be done by your family physician since they can best evaluate your child's health and assist you in obtaining necessary treatments and corrections, if needed. Please return the completed form as soon as possible to the School Nurse.