COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

PRIVATE PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

				DATE		20		
NAME OF SCHOOL				_ GRA	RADE HOMEROOM			
AME OF CHILD						DATE OF I	BIRTH	SEX
Last	First		· · · · · · · · · · · · · · · · · · ·	Middle				M F
DDRESS								İ
No. and Street City of	r Post Office	Borou	ugh or Townsh	ip	County	State	Zi	p Code
	IMIN		. HISTORY NS AND TES	TS:				
VACCINE		n was given	ay, and Year each as given DOSES			BOOSTERS & DATES		
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	1 / /	2 /	3 /	/	4 /	/ 5	1	1
Polio (Circle): OPV, IPV	1 / /	2 /	/ 3 /	/	4 /	/	5 	/
Measles, Mumps, Rubella	1 / /	2 /	/					
Hepatitis B	1 /	1	2 /	1		3 - /	/	
НІВ	1 /	1	2	1		3 /	1	
Varicella	1 /	1	2 /	Varicella Disease or Lab Levidence. Date:			Lab	
Other:								
MEDICAL EXEMPTION RELIGIOUS EXEMPTION statement from the parent/gu	(Includes a stro							
Tuberculin Tests Date Applied	Arm	Device	Antige	n	Manu	facturer	Sign	ature
Date Read	Results	s (mm)	Signature			nature		
ollow-Up of significant tubercu arent/Guardian notified of sign		gs on						
Result of Diagnostic Studies: _ Preventive Anti-Tuberculosis —	Chemotherap	by ordered.	No Yes		Date		·············	

Significant Medical Conditions ($\sqrt{}$) If Yes, Explain

Yes	No			
Allergies				
Asthma				
Cardiac	<u> </u>			
Chemical Dependency				
Drugs				
Alcohol				
Diabetes Mellitus				
=				
Hearing Disorder	H			
Neuromuscular Disorder	<u> </u>			· · · · · · · · · · · · · · · · · · ·
Orthopedic Condition				
Respiratory Illness				
Seizure Disorder			-1	
Skin Disorder				
Vision Disorder				
Other (Specify)				
Are there any special medical proble which might affect his/her education? Report of Physical Examination	? If so, specify (√)			
- 11-1-1 (/ 1 -)	Normal	Abnormal	Not Examined	Comments
Height (inches)				
■ Weight (pounds) BMI				
■ Pulse ()				
■ Blood Pressure				***************************************
■ Hair/Scalp	<u> </u>			/////////////////////////////////////
■ Skin				
■ Eyes/Vision				
■ Ears/Hearing				4
■ Nose and Throat				C. C
■ Teeth and Gingiva				
Lymph Glands				
■ Heart – Murmur, etc				
■ Lung – Adventitious Finding				
■ Abdomen				
Genitourinary				
 Neuromuscular System 				
Extremities				
■ Spine (Presence of Scoliosis)				
Date of Examination Signature of Examiner		PRINT Name of E	xaminer	
Address		Telephone Numbe		1