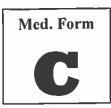
COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH



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

									D	ATE_				2	0_			
NAME OF SCHOOL									'	GRAD	E	_HO	MEROC	OM				
NAME OF CHILD												D,	ATE OF	BIRT	Н	SEX		
Last				First					Midd	e						M F		
ADDRESS												•			•			
No. and Street			City or Post Office					Borough or Township County				ly	State Zip Code					
·				11	MMU	EDICA NIZAT	IONS	AND	TES1	rs						··		
		Ente	r Mon	th, Day, at				tion W	as Give	n								
VACCINE			DOSES									BOOSTERS & DA						
Diphtheria and Teta (Circle): DTaP, DTP,		1	1	1	2	1	1	3	/	/	4 /	/		5	1	/		
Polio (Circle): OPV,		1		./	2	/		3	/	/	4 /	,		5	/	1		
Measles, Mumps, Ru	ıbella	1	/	1	2	1	/									i		
Hepatitis B		1	_/		, –	·	2	. /		./		3	1	4	,			
НІВ		1	1		,		2			1		3						
Varicella		1 / /			1	·	2	2 /		/			Varicella Disease or Lab Evidence Date:					
Other																		
☐ MEDICAL EXEM☐ RELIGIOUS EXE				condition of							_			parent/gu	ardiar	n)		
uherculin Tests		Arm			Devi	ce		Antigen			Manufacturer			Signature				
Date Read		Results (mm)					Signature											
			22004	11.5 (11.11)	,							gnatu	10					
Follow-Up of signific	ant tuberc	ulin t	ests:															
Parent/Guardian notif	ied of sigr	nifica	nt find	dings on				Date										
Result of Diagnostic S	Studies:				Date	:					<u>.</u> .							
Preventive Anti-Tube	rculosis –	Chen	nothe	rapy orde	ered.	□ No	Ye] s	Date									

(Continued on Back)

Significant IV	tedical Condit	, ,		
Allergies	s No If yes	, Explain		
Asthma	<u> </u>			
Cardiac	<u> </u>			
Chemical Dependency				
Drugs				
Alcohol				
Diabetes Mellitus				
Gastrointestinal Disorder				
Hearing Disorder				
Hypertension				
Neuromuscular Disorder				
Orthopedic Condition				
Respiratory Illness				
Seizure Disorder				
Skin Disorder				
Vision Disorder				
Other (Specify)				
Are there any special medical problems or chrohis/her education? If so, specify	Normal	Abnormal	Not Examined	Comments
Height (inches)				
• Weight (pounds) BMI				
• Pulse ()				
• Blood Pressure /				
Hair/Scalp				
• Skin				
• Eyes/Vision				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
• Heart – Murmur, etc.				
Lung – Adventitious Findings				
• Abdomen		:		
Genitourinary Neuromuscular System	<u> </u>			
Extremities				
Spine (Presence of Scoliosis)				
Date of Examination				
Signature of Examiner	W		Print Name	e of Examiner

Telephone Number

Address