

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

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

NAME OF SCHOOL _____

NAME OF CHILD _____

ADDRESS _____

No. and Street

City or Post Office

Borough or Township

County

State

Zip Code

MEDICAL HISTORY
IMMUNIZATIONS AND TESTS

VACCINE	Enter Month, Day, And Year Each Immunization Was Given														
	DOSES			BOOSTERS & DATES											
Diphtheria and Tetanus*	1	■	■	2	■	■	3	■	■	4	■	■	5	■	■
Polio	1	■	■	2	■	■	3	■	■	4	■	■	5	■	■
Measles, Mumps, Rubella	1	■	■	2	■	■									
Hepatitis B	1	■	■	2	■	■	3	■	■						
HIB	1	■	■	2	■	■	3	■	■						
Other _____															

* Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DT, or Td

D MEDICAL EXEMPTION The physical condition of the above named child is such that immunization would endanger life or health

D RELIGIOUS EXEMPTION (Include a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian.)

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on _____ Date

Result of Diagnostic Studies: _____ Date

Preventive Anti-Tuberculosis- Chemotherapy ordered. No Yes _____ Date

Significant Medical Conditions (.f)

	Yes	No	If Yes, Explain
Allergies.....	D	D	_____
Asthma	D	D	_____
Cardiac	D	D	_____
Chemical Dependency.....	D	D	_____
Drugs	D	D	_____
Alcohol	D	D	_____
Diabetes Mellitus	D	D	_____
Gastrointestinal Disorder.....	D	D	_____
Hearing Disorder.....	D	D	_____
Hypertension	D	D	_____
Neuromuscular Disorder.....	D	D	_____
Orthopedic Condition	D	D	_____
Respiratory Illness	D	D	_____
Seizure Disorder.....	D	D	_____
Skin Disorder.....	D	D	_____
Vision Disorder	D	D	_____
Other (Specify)	D	D	_____

Report of Physical Examination (.f)

• Height (inches)			
• Weight (pounds)			
• Pulse ()			
• Blood Pressure /			
• Hair/Scalp			
eSkin			
• Eyes — Visual Acuity R / L /			
• Eyes — Color Vision			
• Ears — Hearing dB R L			
• Nose and Throat			
• Teeth and Gingiva			
• Lymph Glands			
• Heart — Murmur, etc.			
e Lung — Adventitious Findings			
• Abdomen			
• Genitalia			
• Neuromuscular System			
• Extremities			
• Spine (Presence of Scoliosis)			

Date of Examination

Signature of Examiner

Print Name of Examiner

Address