## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

					D.	ATE		20	
IAME OF SCHOOL					_ GF	RADE	HOME	ROOM	
IAME OF CHILD							DATE C	F BIRTH	SEX
Last	First				Midd	le			M
DDRESS			=						
No. and Street City of	or Post Office	Boro	ugh o	r Townshi	p	County	/ Sta	ate Z	p Code
	IMI	MEDICAI MUNIZATIO			TS				
VACCINE	Enter Month	, Day, and Y			10				
VACCINE	immunizatio	DOSE	ES				BOOSTERS & DATES		
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	1 / /	2 /	/	3 /	/	4 /		5 /	/
Polio (Circle): OPV, IPV	1 / /	2 /	/	3 /	/	4 /	1	5 /	1
Measles, Mumps, Rubella	1 / /	2 /	1						
Hepatitis B	1 /	1	2	/		1	3	· /	
HIB	1 /	1	2	/	,	/	3	'	
Varicella	1 /	1	2	Varicella Disease or Lab  / / Evidence Date:			Lab		
Other:									
RELIGIOUS EXEMPTION statement from the parent/guardent.	he physical cond (Includes a stror ardian)	ition of the abo	ove na	med child i	s such milar to	that immuni a religious	zation would belief and red	endanger life	e or hea en
Tuberculin Tests Date Applied	Arm	Device		Antige	<u>1</u>	Manu	facturer	Sign	ature
Date Read	Results (mm)			Signature					
follow-Up of significant tubercularent/Guardian notified of sign desult of Diagnostic Studies: reventive Anti-Tuberculosis – 0	ificant finding								

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

Pulse ( ) Blood Pressure Hair/Scalp Skin Eyes/Vision Ears/Hearing Nose and Throat Teeth and Gingiva Lymph Glands Heart – Murmur, etc Lung – Adventitious Finding Genitourinary Neuromuscular System Extremities Signature of Examiner  PRINT Name of Examiner		'es	No							
Cardiac	Allergies									
Chemical Dependency										
Drugs		╛								
Alcohol		╡	<u> </u>							
Diabetes Mellitus		╡	_							
Gastrointestinal Disorder		╡	H ==							
Hearing Disorder		╡	H =							
Hypertension		╡	H -							
Neuromuscular Disorder	Hypertension	าี								
Orthopedic Condition		╡								
Respiratory lilness		Ħ	<u> </u>							
Seizure Disorder	Respiratory Illness	Ī								
Vision Disorder	Seizure Disorder									
Other (Specify)		]								
Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify  Report of Physical Examination (1/)  **Normal Abnormal Not Examined Comments**  **Height (inches) **  **Weight (pounds) BMI **  **Pulse ( ) **  **Blood Pressure **  **Hair/Scalp **  **Skin **  **Eyes/Vision **  **Eerth and Gingiva **  **Lymph Glands **  **Lymph Glands **  **Leth Heart – Murmur, etc **  **Leung – Adventitious Finding **  **Abdomen **  **Genitourinary **  **Neuromuscular System **  **Extremitles **  **Spine (Presence of Scoliosis) **  **PRINT Name of Examiner**  **PRINT Name of Examiner**	<u> </u>	<u> </u>								
Report of Physical Examination ( )    Normal   Abnormal   Not Examined   Comments	Other (Specify)L	_								
# 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 Finding # Abdomen # Genitourinary # Neuromuscular System # Extremities # Spine (Presence of Scoliosis)  PRINT Name of Examiner  PRINT Name of Examiner	which might affect his/her education	on? If s	or chronic d so, specify_	iseases which requ	ire restriction of activi	ty, medication or				
# 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 Finding # Abdomen # Genitourinary # Neuromuscular System # Extremities # Spine (Presence of Scoliosis)  PRINT Name of Examiner  PRINT Name of Examiner			Marmal	A la ma a musual	Not Francisco	0				
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 Finding Genitourinary Neuromuscular System Extremities Spine (Presence of Scoliosis)  PRINT Name of Examiner	<ul><li>Height (inches)</li></ul>		Normai	Abnormai	Not Examined	Comments				
Blood Pressure Hair/Scalp Skin Eyes/Vision Ears/Hearing Nose and Throat Teeth and Gingiva Lymph Glands Heart – Murmur, etc Lung – Adventitious Finding Genitourinary Neuromuscular System Extremities Spine (Presence of Scoliosis)  PRINT Name of Examiner	Weight (pounds) BMI									
Blood Pressure Hair/Scalp Skin Eyes/Vision Ears/Hearing Nose and Throat Teeth and Gingiva Lymph Glands Heart – Murmur, etc Lung – Adventitious Finding Genitourinary Neuromuscular System Extremities Spine (Presence of Scoliosis)  PRINT Name of Examiner	Pulse ( )									
# Skin # Eyes/Vision # Ears/Hearing # Nose and Throat # Teeth and Gingiva # Lymph Glands # Heart – Murmur, etc # Lung – Adventitious Finding # Abdomen # Genitourinary # Neuromuscular System # Extremities # Spine (Presence of Scoliosis)  Date of Examination  PRINT Name of Examiner	■ Blood Pressure									
# Eyes/Vision # Ears/Hearing # Nose and Throat # Teeth and Gingiva # Lymph Glands # Heart – Murmur, etc # Lung – Adventitious Finding # Abdomen # Genitourinary # Neuromuscular System # Extremities # Spine (Presence of Scoliosis)  Date of Examination  PRINT Name of Examiner	■ Hair/Scalp									
Ears/Hearing Nose and Throat Teeth and Gingiva Lymph Glands Heart – Murmur, etc Lung – Adventitious Finding Abdomen Genitourinary Neuromuscular System Extremities Spine (Presence of Scoliosis)  PRINT Name of Examiner	■ Skin									
Nose and Throat Teeth and Gingiva Lymph Glands Heart – Murmur, etc Lung – Adventitious Finding Abdomen Genitourinary Neuromuscular System Extremities Spine (Presence of Scoliosis)  PRINT Name of Examiner	Eyes/Vision									
Teeth and Gingiva Lymph Glands Heart – Murmur, etc Lung – Adventitious Finding Abdomen Genitourinary Neuromuscular System Extremities Spine (Presence of Scoliosis)  PRINT Name of Examiner	■ Ears/Hearing									
Lymph Glands Heart – Murmur, etc Lung – Adventitious Finding Abdomen Genitourinary Neuromuscular System Extremities Spine (Presence of Scoliosis)  Date of Examination  PRINT Name of Examiner	Nose and Throat									
Heart – Murmur, etc  Lung – Adventitious Finding  Abdomen  Genitourinary  Neuromuscular System  Extremities  Spine (Presence of Scoliosis)  Date of Examination  PRINT Name of Examiner	<ul><li>Teeth and Gingiva</li></ul>									
Lung – Adventitious Finding  Abdomen  Genitourinary  Neuromuscular System  Extremities  Spine (Presence of Scoliosis)  Date of Examination  PRINT Name of Examiner	Lymph Glands									
Abdomen Genitourinary Neuromuscular System Extremities Spine (Presence of Scoliosis)  Date of Examination  PRINT Name of Examiner	■ Heart – Murmur, etc									
Genitourinary Neuromuscular System Extremities Spine (Presence of Scoliosis)  Date of Examination  PRINT Name of Examiner	<ul><li>Lung – Adventitious Finding</li></ul>									
Neuromuscular System  Extremities  Spine (Presence of Scoliosis)  Date of Examination  Signature of Examiner  PRINT Name of Examiner	Abdomen									
Extremities Spine (Presence of Scoliosis)  Date of Examination  Signature of Examiner  PRINT Name of Examiner	<ul> <li>Genitourinary</li> </ul>									
Date of Examination  Signature of Examiner  PRINT Name of Examiner	Neuromuscular System									
Date of Examination  Signature of Examiner  PRINT Name of Examiner	<ul><li>Extremities</li></ul>									
Signature of Examiner PRINT Name of Examiner	<ul><li>Spine (Presence of Scoliosis)</li></ul>									
	Date of Examination			-						
	Signature of Examiner			PRINT Name of E	vaminor					
Address Telephone Number	organista or Examinor			FINIT NAME OF E.	AATHITIO					
	Address			Telephone Numbe	Telephone Number					