COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

									DA	TE_								_20	- 11:10	
NAME OF SCHOOL							GRADE						_HC							
NAME OF CHILD												DATE OF BIRTH				g Gr		ΞX □		
Last	Last First						Middle											M F		
ADDRESS																				
No. and Street City or Post Office Boroug						orough	gh or Township County						State				Zip Code			
				MI		AL F														
Enter Month, Day and Year Ea							Each Immunization Was Given						i e	BOOSTERS & DATES						
Diphtheria and Tetanus (Circle): DTaP, DTP		1	/	1	2	/		3	5	/		4		/	/		5	/	/	
Polio (Circle): OPV,	IPV	1	/	/	2	1	1	3		/	/	4		/	/		5	/	/	
Measles, Mumps, Rub	ella	1	/	1	2	1	/		70											
Hepatitis B		1 /			1		2	2 /		/	/		3 /			1				
HIB			1 / /				2 /			/	3				/	1				
Varicella	1 / /					2				/		Varicella Diseas					se or Lab Evidence			
Other																19.7				
☐ MEDICAL EXEMPTION	The physical co	ondition o	of the	above na	med chi	ld is suc	h that im	muniz	zation	would	endan	ger li	e or h	nealth					Baracie	
															rom th	e par	ent/a	uardian)	
If Applicable:																				
Tuberculin Tests Date Applied	Devid			ice		A	Antigen			N	Manufacturer			r	Signature					
Date Read	Results (mm)						Signature							ture						
																	100	0-,5	ing "	
Follow-Up of significant	t tuberculin t	ests:	a + mai i					1										21-6		
Parent/Guardian notifie	ed of significa	ant find	dings	s on.		0 - 0, - =	Date	е			_									
Results of Diagnostic S	studies:				[Date														
Preventive Anti-Tuberc	ulosis – Che	mothe	erapy	y order	red.	NO	YES -		Date	е										
				EL SE																

(Continued on Back)

Significant Medical Conditions (√)

Allergies	<u>>000000000000000000000000000000000000</u>	If Yes, Expla			
Are there any special medical pro- effect his/her education? If so, spe		or chronic dis	seases which re	quire restriction of	activity, medication or which might
		Report of	Physical Exami	nation (🗸)	
		Normal	Abnormal	Not Examined	Comments
Height (inches)		Normal	Abriormai	140t Examinod	
Weight (pounds) BMI					
• Pulse ()					
Blood Pressure /					
Hair/Scalp					
• Skin					
Eyes/Vision					
Ears/Hearing				3 6 90 - 12 12	
Nose and Throat	-				
Teeth & Gingiva					
Lymph Glands	-				
Heart – Murmur, etc.	1,536				
Lung – Adventitious Findings	_				
Abdomen					\$6 \$65,487 \$6'
Genitourinary					
Neuromuscular System	-				
Extremities	_				All many Annual
Spine (Presence of Scoliosis)					
- Opinio (1 10001100 01 000110313)				2 1 1 2 2	
Date of Examination					educe magaic server
Signature of Examiner			F v 4 1	PRINT Name of Exa	aminer
Address				Telephone Number	