H511.336

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

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

DATE _____ 20 _____

NAME OF SCHOOL _____ GRADE _____ HOMEROOM _____

NAME OF CHILD	AGE	SEX
_____ Last First	Middle	❑ M ❑ F

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 / /	1 / /	1 / /		
HIB	1 / /	1 / /	1 / /		
Other: Varicella_____					
** Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DT, or Td*					

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

❑ **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 Dates 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

Preventative Anti-Tuberculosis - Chemotherapy ordered. ❑ **No** ❑ **Yes** _____ Date

(Continued on Back)

Significant Medical Conditions (4)

	Yes	No	If Yes, Explain
Allergies	❑	❑	
Asthma	❑	❑	
Cardiac	❑	❑	
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)	❑	❑	

Report of Physical Examination (4)	**Normal**	**Abnormal**	If Abnormal, Explain
I Height (inches)			
I Weight (pounds)			
I Pulse ( )			
I Blood Pressure /			
I Hair/Scalp			
I Skin			
I Eyes — Visual Acuity R__/__ L__/__			
I Eyes — Color Vision			
I Ears — Hearing dB R L			
I Nose and Throat			
I Teeth and Gingiva			
I Lymph Glands			
I Heart — Murmur, etc.			
I Lung — Adventious Findings			
I Abdomen			
I Genitalia			
I Neuromuscular System			
I Extremities			
I Spine (Presence of Scoliosis)			

Date of Examination

Signature of Examiner

Print Name of Examiner

Address