## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

							DATE					19					
NAME OF SCHOOL								_ GRADE					HOMEROOM				
NAME OF CHILD		-										AC	3E		SEX		
Last		First				Middle						ľ	Λ	F			
ADDRESS																	
No. and Str	City or Post	Office		Borough or Township				County					State		Zip Code		
			MEI			ISTOI AND 1		s									
VACCIN	Enter Month, Day, And Year Each Immuniz Given  DOSES						ration Was				BOOSTERS & DATES						
Diphtheria and Tetar	1 /	/	2	/		3			/	4	/	/	5	/	/		
Polio		1 /	/	2		/	3	/		1	4	1	/	5			
Measles, Mumps, Ri	ubella	1 /	1	2	1	/											
Hepatitis B		1	/	/		2		/		/		3		1		/	
HIB	1.	1	is a second	2	/			1		3	3 /		/				
Other																	
* Tetanus and Diphtheria are	usually received in cor	mbined vac	cines such a	as DTP	, DT, or	Td											
MEDICAL EXEMI	MPTION (Includ	nysical condi le a strong t/guardian.)													tatemer	nt from the	
Tuberculin Tests Date Applied	Arm Device			е	Antigen				Manufactur				rer Signature				
Date Read	Results (mm)					Signature											
Follow-Up of significa Parent/Guardian notif			s on			Date	)										
Result of Diagnostic S	Studies:			Date	Э												
Preventive Anti-Tuber	rculosis - Chemo	otherapy	ordere		□ No	Yes -	Da	te	_								

(Continued on Back)

Significant Medical Conditions (	1)				
	Yes	No	If Yes, Ex	plain	
Allergies	H				
AsthmaCardiac	H	H			
Chemical Dependency	H	H			
Drugs	ō	ō			
Alcohol					
Diabetes Mellitus					
Gastrointestinal Disorder					
Hearing Disorder	H	H			
Hypertension Neuromuscular Disorder	H	H			
Orthopedic Condition	H	H			
Respiratory Illness	ŏ	ă			
Seizure Disorder		ō			
Skin Disorder					
Vision Disorder					
Other (Specify)					
Report of Physical Examination (	1				
Topological English (	• /		lormal	Abnormal	If Abnormal, Explain
- Haight (inches)		-	ormai	Abiloilliai	II Abriorniai, Explairi
Height (inches)					
Weight (pounds)		-			
Pulse ( )					
Blood Pressure  /					
Hair/Scalp					
Skin					
	,	+			
<ul> <li>Eyes — Visual Acuity R/_ L</li> </ul>	_/_			-	
<ul> <li>Eyes — Color Vision</li> </ul>		-			
<ul> <li>Ears — Hearing dB R</li> </ul>	L				
<ul> <li>Nose and Throat</li> </ul>					
Teeth and Gingiva					
Lymph Glands					
Heart — Murmur, etc.					
Lung — Adventious Findings					
Abdomen		_			
		+			
Genitalia     Neuromuseular Custom		-			
Neuromuscular System		-			
Extremities		-			
<ul> <li>Spine (Presence of Scoliosis)</li> </ul>					
Date of Examination					
Signature of Examiner					Print Name of Examiner
Address					