



Delaware County Christian School

Physical Examination Report
Grades K,6,11 and all new students to Pennsylvania

The Pennsylvania School Health Law requires physical examinations upon entrance to school (kindergarten or grade 1), grade 6, grade 11 and all new students moving to Pennsylvania. It is strongly recommended that your family physician performs the exam as they are the most familiar with your child's health needs. This examination form should be completed by your family physician and returned to your child's school nurse.

Name _____ Gender _____ Birthdate _____ Grade _____

| Immunizations | Dates Given | | | | |
|---|-------------|--|--|--|--|
| Diphtheria, Pertussis, Tetanus, | | | | | |
| Tdap | | | | | |
| Polio | | | | | |
| Hepatitis B (indicate if 2 dose series) | | | | | |
| Measles - Mumps - Rubella (MMR) | | | | | |
| Meningococcal Conjugate Vaccine | | | | | |
| OTHER: | | | | | |

Chicken Pox disease: _____ Varicella immunization dates: _____
TB Test Date _____ Results _____

Allergies:

Significant Past Medical History:

Current Medications:

Current Physical Findings: _____ **Date of Current Exam:** _____

- Height: _____ Weight: _____ BMI: _____ Blood Pressure: _____ Pulse: _____
Recommendation if abnormal _____
- Scoliosis: Normal ___ Abnormal ___ Degree of Curve if abnormal _____
Recommendation if abnormal _____
- Vision Exam Results: NEAR _____ / _____ (LEFT) FAR _____ / _____ (LEFT)
NEAR _____ / _____ (RIGHT) FAR _____ / _____ (RIGHT)
- Hearing Exam Results: _____

Explain any problem of vision, hearing, or speech which requires special seating or follow-up with therapist or school nurse: _____

- Explain any condition which limits mobility, endurance, or physical education:

Please print or stamp

Physicians Name:
Address:
Phone:

Physicians Signature: _____
Date: _____ Revised 5/2020