GLADWYNE MONTESSORI

REPORT OF PHYSICAL EXAMINATION

Name: _____ **DOB:** _____ **Grade:** _____ **Sex:** _____

Parent/Guardian: _____ **Phone Number:** _____

Address: _____

Vaccine	Doses Please provide exact dates.									
DtaP DPT Td	1		2		3		4		5	
	6		7							
Tdap* (Adacel)	1		2							
Polio (OPV, IPV)	1		2		3		4		5	
Hepatitis B	1		2		3					
MMR	1		2							
Varivax #1			Varivax #2				Varicella Disease Date			
Meningococcal* MCV							Other			
PPD			MM results		INH Therapy		Other			

Allergy _____ **Epi-pen** ☐ **Yes** ☐ **No**

Medical History _____

_____

Surgical History _____

_____

Examination

Date _____

Height _____ **Weight** _____ **BMI** for Age Percentile _____ **BP** _____/_____ **Pulse** _____

	Normal	Abnormal		Normal	Abnormal
General Nutrition _____	☐	☐	General Nutrition _____	☐	☐
Skin _____	☐	☐	Skin _____	☐	☐
Ears _____	☐	☐	Ears _____	☐	☐
Nose & Throat _____	☐	☐	Nose & Throat _____	☐	☐
Glands _____	☐	☐	Glands _____	☐	☐
Heart _____	☐	☐	Heart _____	☐	☐
Lungs _____	☐	☐	Lungs _____	☐	☐
Abdomen _____	☐	☐	Abdomen _____	☐	☐

Is this student currently under treatment? ☐ **Yes** ☐ **No**

Please list any current or long-term medications (and reason for administration): _____

_____

Should this student have any physical restrictions? _____

_____
Signature of Examining Physician

_____
Name of Examing Physician

_____
Phone Number

_____
Office Stamp

<u>According to 28 PA.CODE CH 23.81 (School Immunization) and 28 PA.CODE CH 23.2 (Medical Examination), the following information must be provided:</u>

1. Evidence of Immunization and completion of the CERTIFICATE: The Pennsylvania Department of Health regulations require students to be properly immunized and provide verification to attend school unless they have a documented medical or religious/philosophical exemption. The following immunizations are required:

1. **Four doses of Diphtheria and Tetanus** (one dose administered on or after the fourth birthday), usually gives as DTP, DTaP, DT or Td.
2. **Three doses of Polio vaccine,** (oral (OPV) or injectable (IPV)
3. **Two doses of Measles, Mumps and Rubella (MMR) vaccine,** one after 12 months of age and a second dose of Measles, Mumps vaccine (preferably given as MMR).
4. **Three doses of Hepatitis B vaccine,** the first two doses given one month apart and the third dose six months after the first dose.
5. **Evidence of Varicella (Chicken pox) immunity:**
   - Date of Varicella disease **<u>OR</u>**
   - Two doses of Varicella vaccine.

All students attending 7th grade:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) *If five years has elapsed since last tetanus immunization.*
- 1 dose of meningococcal conjugate vaccine (MCV)

2. Physical Examination: The School Health Law requires medical examinations for children on entrance to school and in grades 6 and 11. These grades were selected because they represent critical periods of growth and development in a child's life. It is important that the school have a record of the child's health status. This knowledge enables the school staff to help children achieve the maximum benefit of their educational opportunities.

It is recommended that these examinations be done by your family physician since they can best evaluate your child's health and assist you in obtaining necessary treatments and corrections, if needed. Please return the completed form as soon as possible to the School Nurse.