



**Millcreek Township School District**

3740 West 26<sup>th</sup> Street  
 Erie, PA 16506  
 (814) – 835 – 5300

**Private Physicians Report  
 Physical Examination of a Pupil of School Age**

For Students Entering Kindergarten/1 and Grade 6 or 11

Completed by Private Physician

Revision 11.2

Pennsylvania School Health Law requires medical exams for all children of school age on original entry into school (kindergarten), in the sixth (6<sup>th</sup>) and eleventh (11<sup>th</sup>) grades. Your private physician can perform this exam anytime within one (1) year of September 1<sup>st</sup> during the current school year. The completed physical form should be turned in to the school nurse. If the Private Physicians Exam is not returned, your child will be offered a free physical exam at school which is a non-invasive screening of the student's eyes, ears, nose, throat, lungs, abdomen, spine, and heart.

**ALL INFORMATION BELOW MUST BE COMPLETED BY A CERTIFIED PHYSICIAN**

<b>Student's Legal Last Name:</b>		<b>Student's Full First Name:</b>		
<b>Address:</b>				
<b>City:</b>	<b>Borough/Twp:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Date of Birth:</b>		<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Examination Date:</b>	
<b>School:</b>		<b>Grade:</b>		<b>Examination Date:</b>

<b>MEDICAL HISTORY</b>					
<b>IMMUNIZATIONS AND TESTS</b>					
<b>Vaccine</b>	<b>Doses</b> Enter Month, Day and Year for Each Immunization			<b>Boosters</b>	
	1	2	3	4	5
Diphtheria and Tetanus (check one) <input type="checkbox"/> DTaP <input type="checkbox"/> DTP <input type="checkbox"/> DT <input type="checkbox"/> Td	/ /	/ /	/ /	/ /	/ /
Polio (check one) <input type="checkbox"/> OPV <input type="checkbox"/> IPV	/ /	/ /	/ /	/ /	/ /
Measles, Mumps, Rubella	/ /	/ /			
Hepatitis B	/ /	/ /	/ /		
HIB	/ /	/ /	/ /		
Varicella	/ /	/ /	Varicella Disease or Lab Evidence: ____ / ____ / ____		
Meningococcal (MCV)	/ /	/ /			
Other:	/ /	/ /	/ /	/ /	/ /
<input type="checkbox"/> <b>MEDICAL EXEMPTION</b> The physical condition of the above named child is such that immunization would endanger life or health. <input type="checkbox"/> <b>RELIGIOUS EXEMPTION</b> Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent or guardian.					
<b>TUBERCULIN TESTS</b>					If Applicable
Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results			Signature	
<b>Follow-Up of Significant Tuberculin Results</b>			Parent or Guardian notified of significant findings on ____ / ____ / ____		
Results of Diagnostic Studies:					
Preventative Anti-Tuberculosis – Chemotherapy Ordered: <input type="checkbox"/> No <input type="checkbox"/> Yes    Date: ____ / ____ / ____					

(Continued on Back)

