











**STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes  No**

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: ( ) inches				
Weight: ( ) pounds				
BMI: ( )				
BMI-for-Age Percentile: ( ) %				
Pulse: ( )				
Blood Pressure: ( / )				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

**MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION**

(Additional space on page 4)

Parent/guardian present during exam: Yes  No

Physical exam performed at: Personal Health Care Provider's Office  School  Date of exam \_\_\_\_\_ 20\_\_\_\_

Print name of examiner \_\_\_\_\_

Print examiner's office address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of examiner \_\_\_\_\_ MD  DO  PAC  CRNP

**HEALTH CARE PROVIDERS:** *Please photocopy immunization history from student's record – OR – insert information below.*

**IMMUNIZATION EXEMPTION(S):**

Medical  Date Issued: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_  
 Medical  Date Issued: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_  
 Medical  Date Issued: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_

**NOTE:** The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
<b>Other Vaccines: (Type and Date)</b>					





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT  
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL			DATE		20	
NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
_____ Last                      First                      Middle				<b>D</b> M <b>D</b> F		
ADDRESS						
No. and Street		City or Post Office		Borough or Townshp		County      State      Zip

**REPORT OF EXAMINATION**

	TOOTH CHART																
	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment Yes **D**                      No**D**

Treatment Completed Yes **D**                      No**D**

\_\_\_\_\_  
Date of Dental Examination

\_\_\_\_\_  
Signature of Dental Examiner

\_\_\_\_\_  
Print Name of Dental Examiner

\_\_\_\_\_  
Address

## Trinity Area School District Homeless and Foster Care Student Liaison Contact and Information

Mr. Donald L. Snoke  
231 Park Avenue  
Washington, PA. 15301 724-223-2000 ext. 7111  
[snoked@trinitypride.org](mailto:snoked@trinitypride.org)

Trinity Area School District Enrollment Secretary  
Mrs. Shelly Digon 724-223-2000 ext. 6510  
[digonm@trinitypride.org](mailto:digonm@trinitypride.org)

Trinity Area School District Homeless Student Policy 251  
<https://www.boarddocs.com/pa/tasdpa/Board.nsf/Public#>

Most Frequently Asked Questions Educational Rights of Homeless Children  
[http://www.naehcy.org/sites/default/files/dl/legis/2016-09-16\\_FAQ\\_FINAL.pdf](http://www.naehcy.org/sites/default/files/dl/legis/2016-09-16_FAQ_FINAL.pdf)

Washington County and Region 4 Services and Contacts <http://www.education.pa.gov/K-12/Homeless%20Education/Pages/Region-4.aspx>

Educational Rights Poster for Students <http://www.education.pa.gov/Documents/K-12/Homeless%20Education/Homeless%20Poster%20Youth%20English.pdf>

Educational Rights for Parents and Guardians <http://www.education.pa.gov/Documents/K-12/Homeless%20Education/Homeless%20Poster%20Parent%20English.pdf>

Pennsylvania's Education for Children and Youth Experiencing Homelessness Program – State Plan  
<http://www.education.pa.gov/Documents/K-12/Homeless%20Education/ECYEH%20State%20Plan%202013%20FINAL.pdf>

Pennsylvania Department of Education Nutrition Plan and Free Lunches  
<http://www.education.pa.gov/Documents/K-12/Homeless%20Education/FreeLunchProcedures.pdf>

United States Department of Education McKinney Vento Act as amended by ESSA  
<https://www2.ed.gov/policy/elsec/leg/essa/160240ehcyguidance072716.pdf>

United States Department of Education McKinney Vento Act Fact Sheet  
<http://uscode.house.gov/view.xhtml?path=/prelim%40title42/chapter119/subchapter6/partB&edition=prelim>