Address

#### 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	oleka musuu kuu moodi		F	First		Middle						M F		F	ene è avantament				
ADDRESS											1		•			1		1		
No. and S	Street	City or Post Office					Borough or Tov				wnship		County				State	Zip		
REPORT OF EXAMINATION																				
		TOOTH CHART																		
WARRANT CONTRACTOR OF THE PROPERTY OF THE PROP		RIGHT										T T T			LEFT					
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12	13 J	14	15	16	UP	PER	
LOV	VER	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																	UP	PER	
	LOWER																	LOV	WER	
Treatment Completed  Date of Dental Examination				_								Yes			No 🗆					
Signature of Dental Examiner									win01000000				Prir	nt Nam	e of D	ental	Examiner			

#### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

		•			DA	ATE		20		
NAME OF SCHOOL		usata esa removembro de activida difficiente que un escala de la composição de la composição de la composição			GR	ADE	HOME	ROOM		
NAME OF CHILD							DATE O	F BIRTH	SEX	
. *								n destablished Species seed		
Last	First	anna kan a kan kan kan a k			Middl	е		e the season	1 20 5-	
ADDRESS								ed engle en elución		
No. and Street City of	or Post Office	Borou	ah or	Towns	hip	Coun		ate Z		
only o			3		:	1.4		11.7 (11.9) 13.893	i sastrad Maria - Air	
	INAR	MEDICAL	HIS	TORY						
VACCINE  IMMUNIZATIONS AND TESTS  Enter Month, Day, and Year each immunization was given  BOOSTERS & DATE										
Diphtheria and Tetanus	1 , ,	DOSE 2		3 /	,	4	<del>ren vaidtee</del> I	5 /		
(Circle): DTaP, DTP, DT, TD	1 1 / /	2		3	<del></del>	4		5		
Polio (Circle): OPV, IPV	1 / /	2		/	1.	1 /	1	14/1/24		
Measles, Mumps, Rubella	1 1	/ /					T3		37	
Hepatitis B	1 /	/	2	. /	ı	/	3	1243		
HIB	1 /	/	2	/		/	. 3	,		
Varicella	1 /	1	2	/	ı	1	Varicella Evidence Date:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rAggil i	
Other:								ngan til og i græget i sk		
RELIGIOUS EXEMPTION statement from the parent/gulf Applicable:	The physical conc (Includes a stro Jardian)							endanger lif quires a writt	en	
Tuberculin Tests Date Applied	Arm	Device		Anti	gen	Mar	nufacturer	Sign	nature	
							ara Grandia di			
Date Read	s (mm)	Signature								
Follow-Up of significant tubercu Parent/Guardian notified of sign	ulin tests:	ne on								
Result of Diagnostic Studies: _ Preventive Anti-Tuberculosis			□ No	Ye:	3	Date		*		

# Significant Medical Conditions (√) If Yes, Explain Yes No

Yes	No	1		and the second s	
Allergies					
Asthma	닉	energe contract of the contrac			
Cardiac	H	Medical and Control of			
Chemical Dependency	H	-			
Drugs	- 님	Z. serrespiesposo			
Diabetes Mellitus	님	electropisation in		ooren di seprementa anti ili anti cina di consoli anti seprementa e esta di antico con di traditi contra di esta di consolica di esta di e	
Gastrointestinal Disorder	H	destinimension			
Hearing Disorder	H				
Hypertension	П		en and the second second second		
Neuromuscular Disorder		-			
Orthopedic Condition		***************************************			
Respiratory Illness		**************************************			
	Ц	· · · · · · · · · · · · · · · · · · ·			
Skin Disorder	Щ	experiment.		- 1.1 3.5 3.5 4.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5	The second secon
	닏	00000000000			
Other (Specify)	L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Are there any special medical problem	ns or	chronic c	liseases which requ	ire restriction of activ	vity, medication or
which might affect his/her education?	If so	specify	1443 TE 140		
			3.24		,
Report of Physical Examination (	√)				in the specimens
	NI.	ormal	Abnormal	Not Examined	Comments
I late to the distance of the second	NO	ormai	Aphormai	NOL EXAMINEU	
Height (inches)					
<ul><li>Weight (pounds) BMI</li></ul>					
Pulse ( )					
■ Blood Pressure					
■ Hair/Scalp	***************************************			,	
■ Skin					
Eyes/Vision	***************************************				
■ Fars/Hearing					**************************************
Nose and Throat					
Teeth and Gingiva					
Lymph Glands					
■ Heart – Murmur, etc	<u> </u>				
Lung – Adventitious Finding		14 - 14			
Abdomen					
Genitourinary					34 SAVARIA - 3
Neuromuscular System					
= Extremities					
<ul><li>Spine (Presence of Scoliosis)</li></ul>					
a, we again			and the second	and the second s	awasi yaya A
Date of Evansination			·		•
Date of Examination					
Signature of Examiner	***************************************		PRINT Name of B	Examiner	ing pagasan mengangkan dianggan pagasan dianggan pagasan dianggan pagasan dianggan pagasan dianggan pagasan di Banggan pagasan pagasa
			1.1%		
Address			Telephone Numb		
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