COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

ADDRESS MEDICAL HISTORY MMUNIZATIONS AND TESTS			DAT			E			20			
ADDRESS MEDICAL HISTORY IMMUNIZATIONS AND TESTS	NAME OF SCHOOL					GRADE			HOMEROOM			
ADDRESS No. and Street City or Post Office Borough or Township County State Zip of MEDICAL HISTORY	NAME OF CHILD					DATE OF BIRTH		SEX				
MEDICAL HISTORY IMMUNIZATIONS AND TESTS VACCINE Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD Polio (Circle): OPV, IPV Hepatitis B 1	Last		Middle					M F				
MEDICAL HISTORY IMMUNIZATIONS AND TESTS Criter Month, Day, And Year Each Immunization Was Given DOSES BOOSTERS & DATES												
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Senter Month, Day, And Year Each Immunization Was Given DOSES BOOSTERS & DATES	No. and Street		City or Post Office	Borough or To	ough or Township Coun			sty State				
VACCINE DOSES BOOSTERS & DATES Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD Polio (Circle): OPP, DPP, DT, TD Polio (Circle): OPV, IPV 1 / / 2 / / 3 / / 4 / / 5 / Measles, Mumps, Rubella 1 / / 2 / / Hepatitis B 1 / / 2 / / HIB 1 / / 2 / / 3 / / Varicella 1 / / 2 / / Varicella 1 / / 2 / / Warcicella Disease or Lab Evidence Date: The physical condition of the above named child is such that immunization would endanger life or health RELIGIOUS EXEMPTION (includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guar if Applicable: Tuberculin Tests Date Applied Results (mm) Signature Follow-Up of significant tuberculin tests: Parent/Guardian notified of significant findings on. Date Preventive Anti-Tuberculosis - Chemotherapy ordered.	y, medination of which											
DOSES Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD Polio (Circle): OPV, IPV Measles, Mumps, Rubella Hepatitis B 1	*		Enter Month, Da				Vas	Ī				
Diphtheria and Tetanus (Circle): DTaP, DTR, DTP, DTR, DTP, DTR, DTP, DTR, DTP, DTR, DTP, DTR, DTR, DTR, DTR, DTR, DTR, DTR, DTR	VACCINE	Given	OSES	ES			BOOSTERS & DATES					
Measles, Mumps, Rubella	Diphtheria and Tetanus	3	1 / /	2	1	3 /	/	4	/ /	5	7 / m) trices	
Hepatitis B 1			1 / /	2	1 1	3 /	1	4	1 1	5	1	
HIB		ella	1 / /	2	1 1						Lastr	
Varicella 1			1 /	1	2	1	1		3	1	no bools	
Other			1 / /		2				-	1	1	
MEDICAL EXEMPTION The physical condition of the above named child is such that immunization would endanger life or health RELIGIOUS EXEMPTION (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guar f Applicable: Tuberculin Tests Date Applied Arm Device Antigen Manufacturer Signature Date Read Results (mm) Signature Follow-Up of significant tuberculin tests: Parent/Guardian notified of significant findings on. Date Result of Diagnostic Studies: Date Preventive Anti-Tuberculosis - Chemotherapy ordered.	Varicella		1 / /		2	2 /			nist?			
RELIGIOUS EXEMPTION (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guar familiar to a religious belief and requires a written statement from the parent/guar familiar to a religious belief and requires a written statement from the parent/guar familiar to a religious belief and requires a written statement from the parent/guar familiar to a religious belief and requires a written statement from the parent/guar familiar to a religious belief and requires a written statement from the parent/guar familiar to a religious belief and requires a written statement from the parent/guar familiar to a religious belief and requires a written statement from the parent/guar familiar to a religious belief and requires a written statement from the parent/guar familiar to a religious belief and requires a written statement from the parent/guar familiar to a religious belief and requires a written statement from the parent/guar familiar to a religious belief and requires a written statement from the parent/guar familiar to a religious belief and requires a written statement from the parent/guar familiar to a religious belief and requires a written statement from the parent/guar familiar to a religious belief and requires a written statement from the parent/guar familiar fam	Other				1	and constitute of				a	yes/Visic	
Date Read Results (mm) Signature Follow-Up of significant tuberculin tests: Parent/Guardian notified of significant findings on. Result of Diagnostic Studies: Preventive Anti-Tuberculosis - Chemotherapy ordered.	RELIGIOUS EXEMPT										parent/guard	
Follow-Up of significant tuberculin tests: Parent/Guardian notified of significant findings on. Result of Diagnostic Studies: Date Preventive Anti-Tuberculosis - Chemotherapy ordered.		Arm	rm Devid		Antigen		Manufacturer		Signature			
Parent/Guardian notified of significant findings on. Result of Diagnostic Studies: Date Preventive Anti-Tuberculosis - Chemotherapy ordered.	Date Read	Results (mm)				Sig			nature			
Parent/Guardian notified of significant findings on. Result of Diagnostic Studies: Date Preventive Anti-Tuberculosis - Chemotherapy ordered.										<u>Guello</u>		
Parent/Guardian notified of significant findings on. Date Date Preventive Anti-Tuberculosis - Chemotherapy ordered.	Follow-Up of significant	tuberculin te	ests:									
Date Preventive Anti-Tuberculosis - Chemotherapy ordered. Date					Da	ate						
Preventive Anti-Tuberculosis - Chemotherapy ordered. — — —	Result of Diagnostic Stu	ıdies:				-10						
	Preventive Anti-Tubercu	ılosis - Chem	notherapy ordere	ed.								

			Medical Condi	tions (✓)	
Allergies	Yes	No If Yes, E	=xplain		
Asthma	H	HD999	BMAIDIETE	H STAVING	
Cardiac	Mos	TO JIGU	TARONOI	TAMMAXB LAC	MEVED
Chemical Dependency					
Drugs					
Alcohol					
Diabetes Mellitus	Цол				
Gastrointestinal Disorder					
Hearing Disorder		H -			NAME OF CHILD
Hypertension Neuromuscular Disorder		H -			
Orthopedic Condition					
Respiratory Illness					
Seizure Disorder	ň	<u> </u>			
Skin Disorder					
Vision Disorder		Laufen er			
Other (Specify)					
Are there any special medical prol might affect his/her education? If so Report of Physical Examination	, specify		iseases which	require restriction	or activity, medication or which
		Normal	Abnormal	Not Examined	Comments
Height (inches)					gr 78 ord Park lackey
• Weight (pounds) BMI					Polici Circle) : OPV IRV : 444
• Pulse ()					Measles, Mumus, Pubelia
Blood Pressure /					d sittisgeH
Hair/Scalp					907.
• Skin					
Eyes/Vision					10
Ears/Hearing					
Nose and Throat			3 0.0 m3 0.0 may 344	da adrimo de los bolayes	J MEUICAL EXEMPTIONS SE
Teeth and Gingiva	upe dinu	meditu <mark>o</mark> n kataso	i sa node vegaje	otte in latert priestrik krebi	THERICIONS EXEMETION THE
Lymph Glands					1 Applicables
Heart — Murmur, etc.			-		Tubeculla Testa 1822
 Lung — Adventitious Findings 					Date Applied Table
• Abdomen					
Genitourinary				Grand Admini	Date Read
Neuromuscular System					
• Extremities					
Spine (Presence of Scoliosis)					
Date of Examination			els.	_	
				enotiverapy ordere	Preventive Anti-Tuberculosis (Chr
Signature of Examiner			eS-go Bobovier, Si	Print Nar	ne of Examiner
Address				Telephon	e Number