DELAWARE VALLEY SCHOOL DISTRICT

PRIVATE PHYSICIAN'S REPORT OF

PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

Name of School ____Grade_______ Homeroom________________

Name of Child ____Date of Birth______________ Sex: M F

PLEASE ATTACH CURRENT IMMUNIZATION RECORD FROM DOCTOR OR CLINIC

Medical History (if yes, explain)

Allergies ------------------------ Y N ____________________________

Asthma-------------------------- Y N ____________________________

Cardiac-------------------------- Y N ____________________________

Drug/Alcohol Dependency---- Y N ____________________________

Diabetes---------------------------Y N ____________________________

Gastrointestinal Disorder-------Y N ____________________________

Hearing Disorder-----------------Y N ____________________________

Hypertension-----------------------Y N ________________________

Neuromuscular Disorder ---------Y N __________________________

Orthopedic Condition------------ Y N ___________________________

Respiratory Illness-----------------Y N___________________________

Seizure Disorder------------------- Y N___________________________

Skin Disorder----------------------Y N___________________________

Vision Disorder--------------------Y N___________________________

Other (specify) -------------------Y N ____

Please list any special medical problems or medications the student takes.

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PHYSICAL EXAM

Height____________ Weight_____________ BMI_____ Pulse______ Blood Pressure__________________

System	Normal	Abnormal	Deferred	Comment/Screening Result
Hair/Scalp				
Skin				
Eyes & Vision Screening				OD OS REFER
Ears & Hearing Screening				PASS FAIL REFER
Nose & Throat				
Teeth & Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular/Extremities				
Spine/Scoliosis				
Psycho-Social Screening				WNL REFER: Y N

Is the child under treatment ? ______Yes ______No

Does the child have any restrictions on play or physical education activities? _____Yes _____No

Date of Exam___________________________

Signature of Examiner ____________________________________ Phone_________________________________

PRINT name____