

MARPLE NEWTOWN SCHOOL DISTRICT
NEWTOWN SQUARE, PENNSYLVANIA 19073
HEALTH SERVICES DIVISION

Physical Examinations

For all students entering 11th grade

The Public School Code of Pennsylvania requires that a physical examination be administered to all pupils entering the 11th grade.

When the physical examination is done by your child's provider, please email or send a copy to the nurse's office by September 1. Make a copy to keep for your records. Exams done within one year prior to the opening of school are acceptable

You can download a form by going to Marple Newtown School District website. Click on Departments. Go to Health Services. Scroll down to Health Forms. The physical exam form is listed on the right side of the page.

In addition, **Pennsylvania State Law requires proof of complete immunization** as follows:

- 4 or more doses of Diphtheria and Tetanus, with one dose on or after the 4th birthday
- 4 doses of Polio with one dose being on or after the fourth birthday
- 2 doses of Measles and Mumps, and Rubella (usually given as MMR)
- 3 doses of Hepatitis B
- 2 doses of Varicella (Chicken Pox) or history of disease
- 1 dose of Tdap
- 1 dose of Meningococcal Conjugate Vaccine (MCV)

Please Note: Children entering the 12th grade will need the following: You may want to discuss this with your child's healthcare provider during their 11th grade exam.

- A second dose of Meningococcal Conjugate Vaccine (MCV).
*Proper documentation of exemption is also acceptable.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH**PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE _____ 20 _____

NAME OF SCHOOL _____ GRADE _____ HOMEROOM _____

NAME OF CHILD			DATE OF BIRTH	SEX
_____	_____	_____		☐ ☐
_____	_____	_____		M F

ADDRESS

No. and Street

City or Post Office

Borough or Township

County

State

Zip Code

**MEDICAL HISTORY
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, And Year Each Immunization Was Given			BOOSTERS & DATES	
	DOSES				
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /
Measles, Mumps, Rubella	1 / /	2 / /			
Hepatitis B	1 / /	2 / /	3 / /		
HIB	1 / /	2 / /	3 / /		
Varicella	1 / /	2 / /	Varicella Disease or Lab Evidence Date: _____		
Other _____					

- ☐ **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/guardian)

If 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.

☐

No

☐

Yes

Date

(Continued on Back)

Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain
Allergies	☐	☐	
Asthma.....	☐	☐	
Cardiac	☐	☐	
Chemical Dependency	☐	☐	
Drugs	☐	☐	
Alcohol	☐	☐	
Diabetes Mellitus	☐	☐	
Gastrointestinal Disorder	☐	☐	
Hearing Disorder	☐	☐	
Hypertension	☐	☐	
Neuromuscular Disorder	☐	☐	
Orthopedic Condition	☐	☐	
Respiratory Illness	☐	☐	
Seizure Disorder	☐	☐	
Skin Disorder	☐	☐	
Vision Disorder	☐	☐	
Other (Specify)	☐	☐	

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify _____

Report of Physical Examination (✓)

	Normal	Abnormal	Not Examined	Comments
• Height (inches)				
• Weight (pounds) BMI				
• Pulse ()				
• Blood Pressure /				
• Hair/Scalp				
• Skin				
• Eyes/Vision				
• Ears/Hearing				
• Nose and Throat				
• Teeth and Gingiva				
• Lymph Glands				
• Heart — Murmur, etc.				
• Lung — Adventitious Findings				
• Abdomen				
• Genitourinary				
• Neuromuscular System				
• Extremities				
• Spine (Presence of Scoliosis)				

Date of Examination

Signature of Examiner

Print Name of Examiner

Address

Telephone Number