

UPPER DARBY SCHOOL DISTRICT

Private Physical Examination

Report of Physical Examination: k/1___ 6___ 11___ other___ Date: _____

Name _____ Birthdate _____ Grade _____ Sex _____
Last First

Home Address _____ Home Phone _____
Street City Zip

Vaccine	Please give exact dates										
Dtap DPT Td	1		2		3		4		5		
Tdap (Adacel)	1		2								
Polio(OPV,IPV)	1		2		3		4				
Hepatitis B	1		2		3		4				
MMR	1		2								
Varivax	1		2		Varicella Disease Date: _____						
MCV (meningococcal)								Other: _____			
PPD			Result: _____		INH Therapy: _____		Other: _____				

_____ MEDICAL EXEMPTION (Please also complete and return 203-AR-3)

_____ RELIGIOUS EXEMPTION (Please also complete and return 203-AR-4)

Allergy _____ Epi-pen ___ Yes ___ No

Medical History _____

Surgical History _____

Height _____ (inches) Weight _____ (lbs.) BMI-for-Age Percentile _____ % BP _____/_____ Pulse _____

	Normal	Abnormal		Normal	Abnormal
General Nutrition _____	☐	☐	Skin _____	☐	☐
Neuro Muscular _____	☐	☐	Ears _____	☐	☐
Extremities _____	☐	☐	Nose & Throat _____	☐	☐
Genitourinary _____	☐	☐	Glands _____	☐	☐
Hearing _____	☐	☐	Heart _____	☐	☐
Spine (scoliosis) _____	☐	☐	Lungs _____	☐	☐
Speech _____	☐	☐	Abdomen _____	☐	☐
Teeth and Gingiva _____	☐	☐	Vision R: 20/____ L: 20/____		
			Wears Corrective Lens Yes ___ No ___		

Is this student currently under treatment? No ___ Yes _____

Please list any current or long-term medications (reason for administration): _____

Should this student have any physical restrictions? _____

Signature of Examining Physician _____ Phone _____

Printed name _____ Office Stamp: _____