## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

					DATE GRADE _			19							
NAME OF SCHOOL								ADE_	DE HO		MEROOM				
NAME OF CHILD				First			Middle			AG	Ε		SEX		
													- [		
Last												M F		F	
ADDRESS									, *** !* ***						
No. and Street		City or Post Office			Borough or Township				County				State	Z	ip Code
			MEDI MUNIZA					rs						-	-
		Enter Month							/as						<del>Maquero a cons</del>
VACCI	Given DOSES									BOOSTERS & DATES					
Diphtheria and Tetar	1 /	7	2	/	1.	3	/	1.	4	.1	. /	5	/ :	1	
Polio	1 /	1	2	/	1	3	1	1	4	/	1	5	1		
Measles, Mumps, R	ubella	1 /	1	2	/	1									
Hepatitis B	1 / /				2	1		/	3		/	1			
HIB	1 /	1			2	/		1	1			1 1			
Other											<u> </u>				
* Tetanus and Diphtheria are	usually received in con	nbined vaccines	such as I	DTP, DT	, or Ta										
☐ MEDICAL EXEM	MPTION (Include	ysical condition e a strong mo /guardian.)												ement f	rom the
Tuberculin Tests Date Applied  Arm		Device			Antigen			Manufacturer				Signature			
Date Read	Date Read Results (mm)									Signature					
Follow-Up of significa			n	-		Date									
Result of Diagnostic S	Studies:			Date		Dale									,
Preventive Anti-Tube	rculosis - Chemo	otherapy or		Date		U Yes	Da	ate	_					#	

Significant Medical Conditions (7)	e de la companya del companya de la companya del companya de la co			
Allergies	No If Yes, Exp	lain		
Cardiac	H			
Chemical Dependency				
Drugs	H	<u></u>		
Diabetes Mellitus	H	**************************************		
Gastrointestinal Disorder		·		,
Hearing Disorder				
Hypertension				
Neuromuscular Disorder				
Orthopedic Condition	Ц			Accordance in the second section of the section of the second section of the section of
Respiratory Illness		· · · · · · · · · · · · · · · · · · ·		
Skin Disorder				×
Vision Disorder				
Other (Specify)				
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
Report of Physical Examination (✓)		er en		
	Normal	Abnormal	If Abnormal, Explain	
● Height (inches)				
Weight (pounds)				
● Pulse(				
Blood Pressure /				
Hair/Scalp				
● Skin				
● Eyes — Visual Acuity R/_ L/_				4
Eyes — Color Vision				
◆ Ears — Hearing dB R L				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart — Murmur, etc.			**************************************	
■ Lung — Adventious Findings	·			
● Abdomen				
Genitalia		,		
Neuromuscular System				
Extremities				
Spine (Presence of Scoliosis)				######################################
, , , , , , , , , , , , , , , , , , ,				
Date of Examination				
Signature of Examiner			Print Name of Examiner	• .

Address