H511.336 (Rev. 3/96)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

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

DATE _____ 19 ____

NAME OF SCHOOL _____ GRADE _____ HOMEROOM ____

NAME OF CHILD			AGE	SEX
Last	First	Middle		☐ M ☐ F

ADDRESS

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code

MEDICAL HISTORY
IMMUNIZATIONS AND TESTS

The Minimum Required Doses for the School Immunization Law are Shaded (see Polio)

VACCINE	Enter Month, Day, And Year Each Immunization Was Given — DOSES			BOOSTERS & DATES	
Diphtheria and Tetanus*	1 / /	2 / /	3 / /	4 / /	5 / /
Polio	1 / /	2 / /	3 / /	4 / /	5 / /
Measles , Mumps, Rubella	1 / /	2 / /			
Hepatitis B	1 / /	2 / /	3 / /		
HIB	1 / /	2 / /	3 / /		
Other _____					

* *Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DT, or Td*

Varicella or Had Disease (Circle one) _____ Date

☐ MEDICAL EXEMPTION The physical condition of the above named child is such that immunization would endanger life or health

☐ RELIGIOUS EXEMPTION (Include a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian.)

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: _____ .

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)	☐	☐	

Report of Physical Examination (✓)

	Normal	Abnormal	If Abnormal, Explain
• Height (inches)			
• Weight (pounds)			
• Pulse ( )			
• Blood Pressure /			
• Hair/Scalp			
• Skin			
• Eyes — Visual Acuity R__/__L__/__			
• 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