



# TREDYFFRIN/EASTTOWN SCHOOL DISTRICT

## Physical Examination Report Grades K,6,11 and all new students to Pennsylvania

The Pennsylvania School Health Law requires physical examinations upon entrance to school (kindergarten or grade 1), grade 6, grade 11 and all new students moving to Pennsylvania. It is strongly recommended that your family physician perform the exam as they are the most familiar with your child's dental health needs. This examination form should be completed by your family physician and returned to your child's school nurse.

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Immunizations	Dates Given				
Diphtheria, Pertussis, Tetanus,					
Tdap					
Polio					
Hepatitis B (indicate if 2 dose series)					
Measles - Mumps - Rubella (MMR)					
Meningococcal					
HPV					
Other					

Chicken Pox disease \_\_\_\_\_ Varicella immunization dates \_\_\_\_\_

TB Test Date \_\_\_\_\_ Results \_\_\_\_\_

### Allergies:

### Significant Past Medical History:

### Current Medications:

### Current Physical Findings:

Date of Current Exam: \_\_\_\_\_

• Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Recommendation if abnormal \_\_\_\_\_

• Scoliosis: Normal \_\_\_ Abnormal \_\_\_ Degree of Curve if abnormal \_\_\_\_\_

Recommendation if abnormal \_\_\_\_\_

• Explain any problem of vision, hearing, or speech which requires special seating or follow-up with therapist or school nurse:

• Explain any condition which limits mobility, endurance, or physical education:

### **Please print or stamp**

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_