H511.336 (Rev 6/97)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

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

DATE ____________

NAME OF SCHOOL ____________ GRADE ____ HOMEROOM

NAME OF CHILD ____________ AGE ____ SEX ☐ M ☐ F

Last First Middle

ADDRESS

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

MEDICAL HISTORY

IMMUNIZATIONS AND TESTS

VACCINE	DOSES (Enter Month, Day, And Year Each Immunization Was Given)			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

☐ 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: ____________.
Date

Preventive Anti-Tuberculosis - Chemotherapy ordered. ☐ No ☐ Yes ________ Date

(Continued on Back)

ignificant Medical Conditions (✓)

	Yes	No	If Yes, Explain
llergies	☐	☐	
sthma	☐	☐	
ardiac	☐	☐	
hemical Dependency	☐	☐	
Drugs	☐	☐	
Alcohol	☐	☐	
iabetes Mellitus	☐	☐	
astrointestinal Disorder	☐	☐	
earing Disorder	☐	☐	
ypertension	☐	☐	
euromuscular Disorder	☐	☐	
rthopedic Condition	☐	☐	
espiratory Illness	☐	☐	
eizure Disorder	☐	☐	
kin Disorder	☐	☐	
ision Disorder	☐	☐	
ther (Specify)	☐	☐	

eport 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)			

ate of Examination

ignature of Examiner

Print Name of Examiner