B-825

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

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

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** _____	☐	☐
Extremeties _____	☐	☐	**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: