



Lower Merion School District

School St. Margaret

REPORT OF PHYSICAL EXAMINATION

Name _____ Birthdate _____ Grade _____ Sex _____

Last First

Home Address _____ Home Tel# _____

and Street City Zip

Vaccine	Doses <i>Please give exact dates</i>									
DtaP DPT Td	1		2		3		4		5	
	6		7							
Tdap* (Adacel)	1		2							
Polio (OPV, IPV)	1		2		3		4		5	
Hepatitis B	1		2		3					
MMR	1		2							
Varivax #1			Varivax #2				Varicella(disease)			
Meningococcal*MCV							Other			
PPD			MM results		INH Therapy		Other			

Medical History:

Allergy _____ Epi-pen Yes No

Medical History _____

Surgical History _____

Examination:

Height _____ Weight _____ BMI for Age Percentile _____ BP _____ / _____ Pulse _____

General Nutrition _____	Normal <input type="checkbox"/>	Neuro Muscular _____	Normal <input type="checkbox"/>
Skin _____	<input type="checkbox"/>	Skeletal _____	<input type="checkbox"/>
Ears _____	<input type="checkbox"/>	Emotional Status _____	<input type="checkbox"/>
Nose & Throat _____	<input type="checkbox"/>	Hearing _____	<input type="checkbox"/>
Glands _____	<input type="checkbox"/>	Scoliosis (Bending Pos) _____	<input type="checkbox"/>
Heart _____	<input type="checkbox"/>	Speech _____	<input type="checkbox"/>
Lungs _____	<input type="checkbox"/>	Vision R: 20/ L: 20/	
Abdomen _____	<input type="checkbox"/>	Wears Corrective Lens Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 _____

Date: _____



Lower Merion School District

301 East Montgomery Avenue ♦ Ardmore, PA 19003-3399
610-645-1800 ♦ Fax: 610-645-9679 ♦ www.lmsd.org

WELCOME TO THE LOWER MERION SCHOOL DISTRICT

According to 28 PA.CODE CH 23.81 (School Immunization) and 28 PA.CODE CH 23.2 (Medical Examination), the following information must be provided:

1. **Evidence of Immunization:** The Pennsylvania Department of Health regulations require the exclusion from Pennsylvania Schools of any students who do not meet the following minimum immunization requirements:
 - a. **Four doses of tetanus (1 dose on or after the 4th birthday)**, usually given as DTP, DTaP, DT or Td.
 - b. **Four doses diphtheria (1 dose on or after the 4th birthday)**, usually given as DTP, DTaP, DT or Td.
 - c. **Three doses of polio vaccine.**
 - d. **Two doses of measles, mumps and rubella (MMR) vaccine**, one after 12 months of age and second doses of measles, mumps vaccine (**preferably given as MMR**).
 - e. **Three doses of hepatitis B vaccine**, the first two doses given one month apart and the third dose six months after the first dose.
 - f. **Evidence of varicella (Chicken pox) immunity:**
 1. Date of varicella disease.
 2. Varicella vaccine per the Pennsylvania Department of Health- one dose of varicella vaccine administered at 12 months of age through 12 years of age; or two doses of varicella vaccine administered at age 13 years or after.

2. **Physical Examination:** The School Health Law requires medical examinations for children on entrance to school and in grades 6 and 11. These grades were selected because they represent critical periods of growth and development in a child's life. It is important that the school have a record of the child's health status. This knowledge enables the school staff to help children achieve the maximum benefit of their educational opportunities.

It is recommended that these examinations be done by your family physician since they can best evaluate your child's health and assist you in obtaining necessary treatments and corrections, if needed. Please return the completed form as soon as possible to the School Nurse.

***For ALL students in all grades in School Year 2010/2011: (in addition to immunizations above)**

- Second dose of varicella vaccine or history of disease.

***For students entering Grade 7 in 2010/2011:**

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) (if 5 years has elapsed since last tetanus immunization).
- 1 dose of meningococcal conjugate vaccine (MVV).