

THE SCHOOL DISTRICT OF PHILADELPHIA  
SCHOOL HEALTH SERVICES  
**REPORT OF PHYSICAL EXAMINATION**

Name of Student	Date of Birth	Student ID #	Grade
Name of School	Room/Section/Book	Date Issued	

**TO THE CARE PROVIDER (Please complete all items)**

Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.

## RECORD OF VACCINE ADMINISTRATION

*Please attach complete immunization record including serology results if available.*

Allergies \_\_\_\_\_
  Date of last PPD \_\_\_\_\_ Result \_\_\_\_\_ mm

Does this student have health insurance?  Yes  No      Name of Insurance Provider: \_\_\_\_\_

### RECORD THE FOLLOWING

1.	Visual Acuity:      Without Glasses: R _____ L _____      With Glasses: R _____ L _____
2.	Audiometric Screening:      R _____ L _____      3. BP _____
4.	Height _____ inches / cm      Weight _____ lb. / kg      BMI percentile _____
5.	Scoliosis Screening: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Referred <input type="checkbox"/> No Referral
6.	Activity Recommendation: <input type="checkbox"/> Full Physical Activity <input type="checkbox"/> Restricted Physical Activity <small>(Must Complete Phys. Ed. Medical Exemption/Program Modification Form MEH-23)</small> Specify Restrictions: _____
7.	List all medications currently being taken: Medication: _____      Reason: _____
8.	List ALL problems by history or examination:      Circle status of problem 1. _____      Under Care      Care Complete      Referred 2. _____      Under Care      Care Complete      Referred 3. _____      Under Care      Care Complete      Referred <input type="checkbox"/> No Problems Identified

Comments / follow-up treatment plan / Special instructions to school:

Signature of Care Provider (REQUIRED)	Telephone Fax	Care Provider office stamp (REQUIRED)
Address	Date of Exam	