Lower Merion School District

REPORT OF PHYSICAL EXAMINATION

FRENCH INTERNATIONAL

Name _____ Birthdate _____ Grade ____ Sex ____
Last *First*

Home Address _____ Home Phone _____
 # Street *City* *Zip*

Vaccine	Doses	*Please give exact dates*								
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 Date: _____

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

	Normal		Normal
General Nutrition	☐	Neuro Muscular	☐
Skin	☐	Skeletal	☐
Ears	☐	Emotional Status	☐
Nose & Throat	☐	Hearing	☐
Glands	☐	Scoliosis (Bending Pos)	☐
Heart	☐	Speech	☐
Lungs	☐	Vision R: 20/ L: 20/	
Abdomen	☐	Wears Corrective Lens Yes No	

Is this student currently under treatment? Yes No _____

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** _____

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:** Pennsylvania school health regulations require students to be properly immunized and provide verification to attend school unless they have a documented medical or religious/philosophical exemption.

According to 28 PA.CODE CH 23.81 (School Immunization) the following immunizations are required:

- Four doses of tetanus (1 dose on or after the 4th birthday), usually given as DTP, DTaP, DT or Td.
- Four doses diphtheria (1 dose on or after the 4th birthday), usually given as DTP, DTaP, DT or Td.
- Three doses of polio vaccine (oral (OPV) or injectable (IPV).
- Two doses of measles and mumps and one of rubella (MMR) vaccine, one after 12 months of age and second doses of measles, mumps vaccine (preferably given as MMR).
- Three doses of hepatitis B vaccine, the first two doses given one month apart and the third dose six months aft the first dose.
- Two doses of varicella (chicken pox) or history of disease.

***For students entering Grade 7**

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

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.