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 (Please also complete and return 203-AR-3)
_____ RELIGIOUS EXEMPTION (Please also complete and return 203-AR-4)

Allergy____ **Epi-pen ____Yes ____No**

Medical History____

____

Surgical History____

____

Height ____ (inches) Weight ____ (lbs.) BMI-for-Age Percentile _____ % BP____/____ Pulse_____

	Normal	**Abnormal**
General Nutrition _________________	☐	☐
Neuro Muscular __________________	☐	☐
Extremities ______________________	☐	☐
Genitourinary ____________________	☐	☐
Hearing __________________________	☐	☐
Spine (scoliosis) __________________	☐	☐
Speech ___________________________	☐	☐
Teeth and Gingiva _______________	☐	☐

	Normal	**Abnormal**
Skin __________________________	☐	☐
Ears __________________________	☐	☐
Nose & Throat_________________	☐	☐
Glands ________________________	☐	☐
Heart _________________________	☐	☐
Lungs _________________________	☐	☐
Abdomen ______________________	☐	☐

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: