POCONO MOUNTAIN SCHOOL DISTRICT PRIVATE PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION

Name					
Last First		st	Middle	School Grade	
PA Law requires physical exams for Kindergarten					
(or 1 st grade original entry), 6 th grade, and 11 th grade stude			nts. Male / Female	Date of Birth	
IMMUNIZATION STATUS: (asteris	sk denotes required vaccines	ool attendance)			
*Required for attendance in schools in Pennsylvania <u>ALL grades K through 12.</u> PA LAW now states students will need 4 doses of tetanus, diphtheria, & acellular pertussis, 4 doses of Polio, 2 doses MMR, 3 doses Hepatitis B, & 2 doses Varicella. <u>For entry into 7th & 12 Grade:</u> 1 dose of TdaP & Meningococcal for entry into 7 th grade 2 nd dose Meningococcal for entry into 12 th grade.					
DIPHTH-TETANUS (PERTUSS.)	POLIO		OTHER		
Dose Date Given	Dose Date Given)	First MMR & varicella must be		
*1 st	*1st		*MMR 1 st	2 nd	
*2 nd	*2 nd		*Varicella 1 st	2 nd	
*3 rd	*3 rd		*Measles 1 st	2 nd (Usually given	
*4 th	*4 th		*Mumps 1 st	2 nd as	
Booster	5 th		*Rubella 1 st	2 nd MMR)	
**Tdap 	**Meningococcal Vaccine 1st				
			***Hepatitis B 1st		
*PLEASE NOTE: The 4 th DtaP & Polio must be age 4 yrs. or older per			2 nd	(Min. 24 days after #1)	
PA Law	i one mast be age 4 yrs. or clas	, poi	3 rd	(Min. 52 days after #2)	
171 Edw				(Willi. 32 days after #2)	
	MEDICAL	HISTO	NPV·		
MEDICAL HISTORY: Childhood diseases					
Allergies Operations					
Serious Illnesses or Accidents					
Deficus illiesses of Accidents					
REPORT OF EXAMINATION: (Elaborate on positive findings)					
Height Weight Lungs					
Skin					
		Hear		D. L. D. C.	
		d Pressure Pulse Rate			
		Abdo			
		Geni			
		ous System			
Glands Post		ıre			
**Scoliosis Musculo Skeletal System					
** Results required for grade 6 physical per PA Law					
Is the child under treatment? Yes No					
Should this child have restrictions of physical activities? Yes			No		
Remarks:					
Nomano.					
Date			Signature of Examining Physician		
Physician's Phone Number			Physician's Address		

PLEASE RETURN PRIVATE MEDICAL FORM THE FIRST DAY OF SCHOOL or UPON NURSE'S REQUEST or MAIL TO: