B-825

UPPER DARBY SCHOOL DISTRICT

4611 Bond Avenue • Drexel Hill, Pennsylvania 19026

Report of Physical Examination School _____

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:					

Allergy _____ Epi-pen ____Yes ____No

Medical History _____

_____

Surgical History _____

_____

Examination by Physician: K/1____ 6____ 11____ other___ **Date:** _____

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

	Normal	Abnormal
General Nutrition _____	☐	☐
Neuro Muscular _____	☐	☐
Extremeties _____	☐	☐
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 _____