

**PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE _____ 20____

NAME OF SCHOOL _____ GRADE _____ HOMEROOM _____

NAME OF CHILD			DATE OF BIRTH	SEX
Last	First	Middle		<input type="checkbox"/> M <input type="checkbox"/> F

ADDRESS

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code
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**MEDICAL HISTORY
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, and Year each immunization was given DOSES			BOOSTERS & DATES	
	1	2	3	4	5
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	/ /	/ /	/ /	/ /	/ /
Polio (Circle): OPV, IPV	/ /	/ /	/ /	/ /	/ /
Measles, Mumps, Rubella	/ /	/ /			
Hepatitis B	/ /	/ /	/ /	/ /	/ /
HIB	/ /	/ /	/ /	/ /	/ /
Varicella	/ /	/ /	/ /	Varicella Disease or Lab Evidence Date: _____	
Other: _____					

- MEDICAL EXEMPTION** The physical condition of the above named child is such that immunization would endanger life or health
- RELIGIOUS EXEMPTION** (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:
Parent/Guardian notified of significant findings on _____

Result of Diagnostic Studies: _____

Preventive Anti-Tuberculosis – Chemotherapy ordered. No Yes _____ Date