



Lower Merion School District

301 E Montgomery Ave Ardmore, PA 19003
Phone: 610-658-3996 ♦ Fax: 610-645-6512 ♦ www.lmsd.org

Entrance to school (K or 1), grade 6, 11 REPORT OF PHYSICAL EXAMINATION

School _____

Name _____ Birthdate _____ Grade _____

Last First

Home Address _____ Home Phone _____

Street City Zip

Vaccine	Doses		Please list 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	2	Varicella (disease) date: _____				
Meningococcal *MCV	1	2					
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 _____

Skin _____

Ears _____

Nose & Throat _____

Glands _____

Heart _____

Lungs _____

Abdomen _____

Neuro Muscular _____

Skeletal _____

Emotional Status _____

Hearing _____

Scoliosis (Bending Pos) _____

Speech _____

Vision R: 20/ L: 20/

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 _____

WELCOME TO THE LOWER MERION SCHOOL DISTRICT

According to 28 PA.CODE CH 23.83 (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 23.83 (School Immunization) the following immunizations are required:

- Four doses of tetanus, diphtheria and acellular pertussis (1 dose on or after the 4th birthday), usually given as DTP, DTaP.
- Four doses of polio vaccine (oral (OPV) or injectable (IPV), 4th dose administered on or after the 4th birthday. A 4th dose is not necessary if the 3rd dose was administered on or after the 4th birthday and at least 6 months after the previous dose.
- Two doses of measles, mumps and rubella (MMR) vaccine, the 1st dose administered at 12 months of age or older.
- Three properly spaced doses of hepatitis B vaccine
- Two doses of varicella (chicken pox) or history of disease.

***For students entering Grade 7**

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)
- 1 dose of meningococcal conjugate vaccine (MCV).

***For students entering Grade 12**

- 2nd dose of meningococcal conjugate vaccine (MCV).

A dose of MCV received at 16 years of age or older shall count as the 12th grade dose.

- 2. Physical Examination:** The School Health Law requires medical examinations for children on entrance to school and in grades 6 and 11. 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.