



# 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 date after each dose)

DtaP DPT Td	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
	6 <sup>th</sup>	7 <sup>th</sup>			
Tdap* (Adacel)	1 <sup>st</sup>	2 <sup>nd</sup>			
Polio (OPV, IPV)	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Hepatitis B	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>		
MMR	1 <sup>st</sup>	2 <sup>nd</sup>			
Varivax	1 <sup>st</sup>	2 <sup>nd</sup>	Varicella (disease) date:		
Meningococcal *MCV	1 <sup>st</sup>	2 <sup>nd</sup>			
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 \_\_\_\_\_

- General Nutrition: Normal (please circle)
- Skin: Normal (please circle)
- Ears: Normal (please circle)
- Nose and Throat: Normal (please circle)
- Glands: Normal (please circle)
- Heart: Normal (please circle)
- Lungs: Normal (please circle)
- Abdomen: Normal (please circle)
- Neuro Muscular: Normal (please circle)
- Skeletal: Normal (please circle)
- Emotional Status: Normal (please circle)
- Hearing: Normal (please circle)
- Scoliosis (Bending Position): Normal (please circle)
- Speech: Normal (please circle)
- Vision R 20/\_\_\_\_\_ L: 20/\_\_\_\_\_
- Wears Corrective Lens: Yes No (please circle one)

Is this student currently under treatment? Yes No (please circle one) Comment: \_\_\_\_\_

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 4<sup>th</sup> birthday), usually given as DTP, DTaP.
- Four doses of polio vaccine (oral (OPV) or injectable (IPV), 4<sup>th</sup> dose administered on or after the 4<sup>th</sup> birthday. A 4<sup>th</sup> dose is not necessary if the 3<sup>rd</sup> dose was administered on or after the 4<sup>th</sup> 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**

- 2<sup>nd</sup> dose of meningococcal conjugate vaccine (MCV).

**A dose of MCV received at 16 years of age or older shall count as the 12<sup>th</sup> 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.