



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

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						Other		
PPD			MM results:	INH Therapy	Other			

Allergy: _____ Epi-pen ___ Yes ___ No

Medical History: _____

Surgical History: _____

Examination Date: _____

Height _____ (inches) Weight _____ (lbs) BMI for Age Percentile _____ BP _____ / _____ Pulse _____

	Normal	Abnormal		Normal	Abnormal
General Nutrition _____	<input type="checkbox"/>	<input type="checkbox"/>	Neuro Muscular _____	<input type="checkbox"/>	<input type="checkbox"/>
Skin _____	<input type="checkbox"/>	<input type="checkbox"/>	Skeletal _____	<input type="checkbox"/>	<input type="checkbox"/>
Ears _____	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Status _____	<input type="checkbox"/>	<input type="checkbox"/>
Nose & Throat _____	<input type="checkbox"/>	<input type="checkbox"/>	Hearing _____	<input type="checkbox"/>	<input type="checkbox"/>
Glands _____	<input type="checkbox"/>	<input type="checkbox"/>	Scoliosis (Bending Pos) _____	<input type="checkbox"/>	<input type="checkbox"/>
Heart _____	<input type="checkbox"/>	<input type="checkbox"/>	Speech _____	<input type="checkbox"/>	<input type="checkbox"/>
Lungs _____	<input type="checkbox"/>	<input type="checkbox"/>	Vision R: 20/____ L: 20/____		
Abdomen _____	<input type="checkbox"/>	<input type="checkbox"/>	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 _____

WELCOME TO LOWER MERION SCHOOL DISTRICT

According to 28 PA.CODE CH 23.81 (School Immunization) and 28 PA.CODE CH 23.2 (Medical Examination), the following information must be provided:

1. **Evidence of Immunization:** The Pennsylvania Department of Health regulations require the exclusion from Pennsylvania Schools of any students who do not meet the following minimum immunization requirements:
 - a. **Four doses of tetanus (1 dose on or after the 4th birthday),** usually given as DTP, DTaP, DT or Td.
 - b. **Four doses diphtheria (1 dose on or after the 4th birthday),** usually given as DTP, DTaP, DT or Td.
 - c. **Three doses of polio vaccine.**
 - d. **Two doses of measles, mumps and rubella (MMR) vaccine,** one after 12 months of age and second doses of measles, mumps vaccine (**preferably given as MMR**).
 - e. **Three doses of hepatitis B vaccine,** the first two doses given one month apart and the third dose six months after the first dose.
 - f. **Evidence of varicella (Chicken pox) immunity:**
 1. Date of varicella disease.
 2. Two doses of Varicella vaccine.

ALL students ATTENDING 7th grade need the following:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) (if 5 years has elapsed since last tetanus immunization).
- 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. These grades were selected because they represent critical periods of growth and development in a child's life. It is important that the school have a record of the child's health status. This knowledge enables the school staff to help children achieve the maximum benefit of their educational opportunities.

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.