PARKLAND SCHOOL DISTRICT Allentown, PA 18104 PRIVATE PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHO	OOL		DATE					
NAME OF CHILD				AGE			M	F
ADDRESS:	Last	First	Middle					
No. and Street	City/Post Office	Borough	or Township	County	State		Zip	
Parents complet	e the social/learning sect	ion for kinderga	rten through 8 th gr	ade students	and 9 th tl	hrous	թի 12 th	
-	complete the social/learning						<u> </u>	
	•	SOCIAL/LEA			,		Review v	
					Yes No	Pl	Physicia 1ysician I	
1. Been told he/she h ADD/ADHD, etc.?	lay,							
	sperienced bullying behavior?							
	or grief, trauma, or other signific		4:1:11-14					
4. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?								
5. Been worried, sad	l, upset, or angry much of the tir							
	oss of energy, motivation, inter-							
7. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?								
	uses) tobacco, alcohol, or drug	s?						
<u> </u>	-	MEDICAL	HISTORY	L	I			
		Immunizatio						
,						_ _		
	<u>Immunization Status:</u>		* <u>List</u>	t All Dates				
	*C	ويعام والمنابع لمجموعات	oical abaalsana.	(7122)	()			
	*Copy of vaccines en	iciosed with phy	sical, check one: _	(yes)	_ (110)			
	Diphtheria and Tetar	nus						
	Tdap Booster @ age							
Tetanus Booster (Td)								
Polio (4 th one after the 4 th birthday)								
MMR (list two doses)								
	Hepatitis B (list all 3	3 doses)						
	Varivax		Sooster					
	Varicella Disease		Oate:					
	Menactra (MCV)	В	ooster @ age 16 o	r older				
	Other							
	Date of last tubercul	in test:						
	Type:	Resul	t:					
ļ								
Significant Med	ical History: (Including s	serious illness, acc	eidents, surgery)					
Is the child under	treatment?Yes	No						
	wa madiastian 9 V							
	ng medication?Ye							
If yes, explain:								

NAME OF CHILD GRADE								
Last	Fin	st		Middle				
Significant Medical Conditions (4)								
Yes	No	If Yes, E	Explain					
Allergies	\neg							
Asthma	_							
Cardiac Chemical Dependency								
Drugs	_							
Alcohol	_							
Diabetes Mellitus	¬							
Gastrointestinal Disorder	_							
Hearing Disorder ¬ Hypertension ¬	_							
Neuromuscular Disorder	_							
Orthopedic Condition	_							
Respiratory Illness	¬							
Seizure Disorder								
Skin Disorder	¬							
Other (Specify)	¬							
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Report of Physical Examination (4)								
	Nori	mal	Abnormal	If Abnormal, Explain				
* Height (inches)								
* Weight (pounds)								
* Pulse ()								
* Blood Pressure /								
* Hair/Scalp								
* Skin								
* Eyes Visual Acuity R_/_L_/_								
* Eyes Color Vision								
* Ears Hearing dB R L								
* Nose and Throat								
* Teeth and Gingiva								
* Lymph Glands								
* Heart Murmur, etc.								
* Lung Adventitious Findings								
* Abdomen								
* Genitalia								
* Scoliosis Bending Position								
* Neuromuscular System								
* Extremities								
* Social/Learning (see first page section)								
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Date of Examination								
Signature of Examiner	Print Name of Examiner							
Address	Telephone							