

**POCONO MOUNTAIN SCHOOL DISTRICT
PRIVATE PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION**

Name _____
Last
First
Middle
School
Grade

**PA Law requires physical exams for Kindergarten
(or 1st grade original entry), 6th grade, and 11th grade students.**

Male / Female

Date of Birth

IMMUNIZATION STATUS:

*Required for attendance in schools in Pennsylvania grades 1 through 12 for 2007/2008.
 All students by school year 2000/2001 need to have two doses of measles vaccine (preferably given as MMR).
**** PA LAW states students will need VARICELLA & HEPATITIS B for KINDERGARTEN and 7th GRADE**
*****PLEASE NOTE – Hepatitis B vaccine is required for entry to Kindergarten after 9/97 PER PA DEPT. OF HEALTH**
Hepatitis B vaccine is required for original entries AND 7th grade as of August 2002

DIPHTH-TETANUS (PERTUSS.)		POLIO		OTHER		
Dose	Date Given	Dose	Date Given	First MMR must be given after age 12 months.		
*1 st		*1st		*Measles (1)	*(2)	
*2 nd		*2nd		*Rubella		
*3 rd		*3rd		*Mumps		
***4th		4th		*MMR (1)	(2)	
Booster		5th		**Varicella		
Tet-Diphth				H.I.B. 1st	2nd	3rd
***For Kindergarten. entry, the DT booster must be age 4 yrs. or older per PA Law				***Hepatitis B 1st		
***There must be at least 16 weeks (108 days) between 1 st and 3 rd dose of Hepatitis B. The 3 rd dose cannot be given before 6 months of age.				2 nd	(Min. 24 days after #1)	
				3 rd	(Min. 52 days after #2)	
***If Hepatitis B dates are less than the minimum days required between shots, laboratory evidence of Hepatitis B immunity will be accepted from your physician, OR students may be re-immunized per MD advice.						

TUBERCULIN TEST:	Type	Date given	Result
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MEDICAL HISTORY:

Childhood diseases _____
 Allergies _____ Operations _____
 Serious Illnesses or Accidents _____

REPORT OF EXAMINATION: (Elaborate on positive findings)

Height	Weight	Lungs	
Skin		Heart	
Eyes		Blood Pressure	Pulse Rate
Ears		Abdomen	
Nose/Throat		Genitalia	
Teeth/Gingiva		Nervous System	
Glands		Posture	
**Scoliosis		Musculo Skeletal System	

**** Results required for grade 6 physical per PA Law**

Is the child under treatment? Yes _____ No _____
 Should this child have restrictions of physical activities? Yes _____ No _____

Remarks: _____

Date

Signature of Examining Physician

Physician's Phone Number

Physician's Address

**PLEASE RETURN PRIVATE MEDICAL FORM THE FIRST DAY OF SCHOOL IN SEPTEMBER
UPON NURSE'S REQUEST, OR MAIL TO:**

Monsignor McHugh School
 RR #1, Box 1780, Route 390
 Cresco, PA 18326