

High School
 Leslie Scheuer, RN, CSN
 492-1200 X 1510
 492-1267 (FAX)

Middle School
 Christina Erdlen, RN, CSN
 492-1200 X 2510
 492-1237 (FAX)

Elementary School
 Kim Armstrong, RN, CSN
 492-1200 X 3510
 492-1317 (FAX)

Burchfield/ Scott
 Audrey Gaskill, RN, CSN
 492-1200 X 4510(B)/8510 (S)
 486-7631 (FAX- B)
 (FAX-S)

Marzolf/Reserve
 Lori Matz, RN, CSN
 492-1200 X 6510 (M)/7510 (R)
 486-8702 (FAX-Marzolf)
 321-4507 (FAX-Reserve)

Montessori/Adelphoi Village
 Lori Matz RN, CSN
 492-1200 X 6510

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF HEALTH

**PRIVATE PHYSICIAN'S REPORT OF
 PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE _____

NAME _____ GRADE _____ DATE OF BIRTH _____

**MEDICAL HISTORY
 IMMUNIZATIONS AND TESTS**

PENNSYLVANIA DEPARTMENT OF HEALTH - CERTIFICATE OF IMMUNIZATION					
VACCINE Circle appropriate item	Enter Month, Day, and Year Each Immunization Was Given				
	DOSES				
	1	2	3	4	5
Diphtheria and Tetanus (DTaP, DTP, Td or DT)					
Tetanus, Diphtheria, and Acellular Pertussis (Tdap)					
Polio					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (Vaccine or Disease)					
Meningococcal (MCV)					
Hepatitis A					
HPV					

Lead Level Testing required for Kindergarten

_____ YES, lead level tested _____ (Date)

_____ NO, lead level ordered _____ (Date)

Significant Medical Conditions (x)

	Yes	No	If Yes, Explain
Allergies.....	___	___	_____
Asthma.....	___	___	_____
Cardiac.....	___	___	_____
Chemical Dependency.....	___	___	_____
Drugs.....	___	___	_____
Alcohol.....	___	___	_____
Diabetes Mellitus.....	___	___	_____
Gastrointestinal Disorder.....	___	___	_____
Hearing Disorder.....	___	___	_____
Hypertension.....	___	___	_____
Neuromuscular Disorder.....	___	___	_____
Orthopedic Condition.....	___	___	_____
Respiratory Illness.....	___	___	_____
Seizure Disorder.....	___	___	_____
Skin Disorder.....	___	___	_____
Vision Disorder.....	___	___	_____
Other (Specify).....	___	___	_____

Report of Physical Examination (x)

	Normal	Abnormal	If Abnormal, Explain
Height (inches)			
Weight (pounds)			
Pulse ()			
Blood Pressure /			
Hair/Scalp			
Skin			
Eyes – Visual Acuity R ___/___/___/___			
Eyes – Color Vision			
Ears – Hearing dB R L			
Nose and Throat			
Teeth and Gingiva			
Lymph Glands			
Heart – Murmur, etc.			
Lung – Adventitious Findings			
Abdomen			
Genitalia			
Neuromuscular System			
Extremities			
Spine (Presence of Scoliosis)			

Date of Examination

Signature of Examiner

Print Name of Examiner

Address