PENN-HARRIS-MADISON SCHOOL HEALTH SERVICES
PHYSICAL EXAMINATION

Name _____ **Grade** _____

School _____ **Date of Birth** _____

PHYSICIAN'S EXAMINATION

Height _____**Weight** _____

Eyes _____

Glasses _____

Ears _____

Nose _____

Throat _____

Chest _____

Heart _____

Blood Pressure _____

Scoliosis _____

Hernia _____

Feet _____

Urinalysis _____**Neg.** ___

Sugar _____ **Albumin** _____

Physically fit to participate in P.E.?
Yes **No**

Physically fit for competitive sports? Yes **No**

Immunization Record (month, day, year)

HEPATITIS B: 1. _____ **2.**_____
3. _____

HEPATITIS A: 1._____ **2.** _____

VARICELLA: 1._____ **2.**_____
CHICKEN POX DISEASE_____(month & yr)

DPT, DTaP, DT, TD,TdaP:
1. _____ **2.** _____
3. _____ **4.** _____
5. _____ **6.** _____

POLIO (IPV/OPV):
1. _____ **2.** _____ **3.** _____
4. _____

MMR:
1. _____ **2.** _____

T.B. Test Date _____ **Type** _____
Neg. _____ **Pos.** _____
Size of Induration _____**mm**
X-ray _____ **Date** _____

Sickle Cell Testing Date _____
Neg. **Pos.**
Lead Poisoning Testing Date _____
Neg. **Pos.**

DATE: _____ **PHYSICIAN SIGNATURE:** _____

Reviewed 11-17

PENN-HARRIS-MADISON SCHOOL HEALTH SERVICES
HEALTH QUESTIONNAIRE

TO BE ANSWERED BY PARENT

Name of child _____ Date of Birth _____

Father _____ Mother _____Phone _____

Address _____

HISTORY OF ILLNESS, INJURY, SURGERY

Asthma _____
Diabetes _____
Seizures _____
Heart _____
Chicken Pox _____
Allergies _____
Serious Accident _____
_____
Operations _____
_____

Other _____

Early Development

This child is _____child in family of _____ children.

Began to sit up at _____ months.

Began to walk at _____ months.

Began to say words at _____ months.

If your child has any of the following conditions, explain briefly:

Hearing Loss _____
Speech Difficulty _____
Seizures _____
Vision problems _____

Is there any condition present that should be considered in planning your child's school program?

_____
_____
_____
_____

DATE: _____ PARENT SIGNATURE: _____

PLEASE HAVE YOUR CHILD'S PHYSICIAN COMPLETE THE OTHER SIDE OF THIS FORM. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL.

Reviewed 10-17