*Nittany Christian School * Where kids Love to learn & Learn to Love*

*1221 W. Whitehall Road, State College, PA * 814-234-5652 * www.nittanychristian.com*

PRIVATE PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION

Name of Child_____ Birthdate_____ Sex_____ Grade_____
LAST FIRST MIDDLE

IMMUNIZATIONS INFORMATION:

VACCINE (Circle appropriate item)	Enter month, day and year each immunization was given				
DIPHTHERIA AND TETANUS (DTaP, DTP, Td or DT)	/ /	/ /	/ /	/ /	/ /
TETANUS, DIPHTHERIA & ACELLULAR PERTUSSIS (Tdap)	/ /	/ /	/ /	/ /	/ /
POLIO (OPV or IPV)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
MEASLES—MUMPS—RUBELLA (MMR)	/ /	/ /	OR MEASLES SEROLOGY	/ /	TITER / /
VARICELLA (Vaccine or Disease)	/ /	/ /	RUBELLA SEROLOGY	/ /	TITER / /
MENINGOCOCCAL (MCV)	/ /	/ /	/ /	/ /	/ /
OTHER	/ /	/ /	/ /	/ /	/ /

MEDICAL HISTORY: (PLEASE GIVE SIGNIFICANT DETAILS ON REVERSE SIDE INCLUDING SERIOUS ILLNESS, ALLERGIES, OPERATIONS, ACCIDENTS)

REPORT OF EXAMINATION: (ELABORATE BELOW ON POSITIVE FINDINGS)

VISION **R** 20/____ **L** 20/____ + LENS WEARS CORRECTIVE LENS: ☐ YES ☐ NO

B/P _____ PULSE _____ HEIGHT_____ WEIGHT_____

	NORMAL	ABNORMAL		NORMAL	ABNORMAL		NORMAL	ABNORMAL
GENERAL NUTRITION	☐	☐	GLANDS	☐	☐	SKELETON	☐	☐
SKIN	☐	☐	HEART	☐	☐	POSTURE	☐	☐
EYES	☐	☐	LUNGS	☐	☐	EMOTIONAL STATUS	☐	☐
EARS	☐	☐	ABDOMEN	☐	☐	HEARING	☐	☐
NOSE AND THROAT	☐	☐	GENITOURINARY	☐	☐	SCOLIOSIS (BENDING POSTURE)	☐	☐
TEETH AND GINGIVA	☐	☐	NEURO MUSCULAR SYSTEM	☐	☐			

Is this child under treatment? ☐ YES ☐ NO

Should this child have restrictions on play or physical education activities? Recommendations:

What other recommendations do you wish to make to the teacher or school nurse which might be of benefit to this child from the point of view of either physical or mental health?

_____
Signature of Examining Physician Address

_____ _____/_____/_____
Physician's Printed Name Telephone Date of Examination