

**Radnor Township School District  
Wayne, PA**

Dear Parent/Guardian:

Pennsylvania School Law requires a medical examination by a physician for all students entering Kindergarten, Grade 6, and Grade 11, plus all new students to Pennsylvania schools regardless of grade level. In addition, the following immunizations are currently mandated for all student attending Pennsylvania schools:

- 4 doses of Diphtheria & Tetanus Vaccine (DtaP, DPT, Td, or DT). *The 4<sup>th</sup> dose must be administered on or after the 4<sup>th</sup> birthday.*
- **One dose of Diphtheria & Tetanus Vaccine (Tdap) at grade 7. (Beginning with 2008-2009 school year).**
- **One dose of Meningococcal (MCV) at grade 7. (Beginning with 2008-2009 school year).**
- 3 doses of Oral Polio Vaccine (OPV) or 4 doses of Salk Polio Vaccine (IPV).
- 2 doses of Measles containing vaccine (1<sup>st</sup> dose administered at 12 months or older, 2<sup>nd</sup> dose administered within an MMR at least 1 month after the first dose).
- 1 dose of Varicella Vaccine or physician verification of having had Varicella disease (Chickpox).
- 3 doses of Hepatitis B Vaccine (HBV).
- 1 test for Tuberculosis done within the last six months of admission to school, or a physician notation on the physical form that the child is “low risk” for tuberculosis.
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Medical, moral or religious exemptions are allowed by law if the appropriate forms are completed and kept on record at your child’s school. This form may be obtained by contacting your child’s school nurse. Students with medical, moral or religious exemptions may be excluded from school in the event of an outbreak of measles, mumps or rubella.

It if should prove to be a financial hardship to have the physical examination done by your physician, please complete the lower part of this form and return to your school nurse, who will arrange an appointment with the school district physician for the examination. **Please note that this does not include immunizations.** Contact your school nurse for information concerning free immunizations for your child.

Radnor Township School Health Services

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**Radnor Township School Health Examination**

I wish the student named below to be examined by the school physician:

Student’s name \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

Check if you wish to be present during your child’s physical \_\_\_\_\_  
Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

