



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. The medical examinations must be completed within one year prior to the beginning of the school year. In addition, the following immunizations are currently mandated for all students attending Pennsylvania schools:

- 4 doses of Diphtheria & Tetanus Vaccine (DtaP, Td, or DT). *The 4th dose must be administered on or after the 4th birthday.*
- One dose of Diphtheria, Tetanus, Acellular Pertussis Vaccine (Tdap) at grade 7.
- One dose of Meningococcal (MCV) at grade 7.
- 4 doses of Polio Vaccine.
- 2 doses of Measles containing vaccine *The 1st dose must be given on or after the 1st birthday*
2 doses of Mumps, 1 dose of Rubella Vaccine. These are usually given as MMR.
- 2 doses of Varicella Vaccine or physician verification of having had Varicella disease (Chickenpox). *The 1st dose must be given on or after the 1st birthday.*
- 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.

Medical 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 exemptions may be excluded from school in the event of an outbreak of vaccine preventable diseases. No moral or religious exemptions allowed.



RADNOR TOWNSHIP SCHOOL DISTRICT
Wayne, Pennsylvania

School: _____

School Year: _____

This portion to be completed by PARENT:

Name of Student _____ Sex M _____ F _____ Grade _____

Address of Student _____ Date of Birth _____

School Last Attended _____ Physician's Name _____

Has your child had any of the following? Please check and give details or date.

Allergies _____ Mumps _____ Scarlet Fever _____
 Asthma _____ Measles _____ Diabetes _____
 Chicken Pox _____ Rubella _____ Operation _____
 Recurring Illness _____ Physical Disability _____

Is your child at present under medical treatment? Yes _____ No _____ If yes, please explain.

This portion to be completed by PHYSICIAN:

Required immunization dates (details on reverse side).

VACCINE	BASIC SERIES DATES OF DOSES and BOOSTERS				
Diphtheria and Tetanus DtaP, DPT, DT or Td	1	2	3	4	5
Tetanus, Diphtheria and Acellular Pertussis (Tdap)	1	2	3	4	5
Polio (OPV or IPV)	1	2	3	4	5
Hepatitis B	1	2	3		
Measles-Mumps-Rubella (MMR)	1	2	or Measles serology: Date Titer		
Varicella (Vaccine or Disease)	1	2	Rubella Serology: Date Titer		
Meningococcal (MCV)	1	2			
Other	1	2	Mumps disease diagnosed by a physician: Date		

Tuberculosis Test: _____ Date _____ Result _____

Medical History - Operations, accidents, allergies, serious illness. Specify and give dates.

Present medication:

Findings upon Physical Examination:

Blood Pressure _____ Pulse _____ Height _____ Weight _____ BMI # _____ / _____ %

Is this BMI in recommended range? Yes _____ No _____ Was counseling initiated? **Yes** _____ **No** _____

Is scoliosis present? **Yes** _____ **no** _____ Under care? _____

Vision: - Far – Right _____ Near – Right _____ Hearing: Right _____ Left _____
 Left _____ Left _____
 OU _____ OU _____

Should this student have any restriction on physical education activities? **No** _____ **yes** _____

If **yes**, please specify.

What recommendations do you wish to make to teachers or nurses which might benefit this child at school?

Signature of Physician

Address

Telephone #

Date