Springfield School District Springfield, PA 19064

PRIVATE PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION OF SCHOOL AGE CHILD

(Required of K, 6th and 11th grade students and new entrants)

Name LAST	First	Middle	Age	Sex	Heig	ht	Weight
Address				Phone	2		
		Immuniz	ation Statu	S			
Vaccine	Number of Doses Required by Law Dates Received (day, month and year)						
Tetanus-Diphtheria	4						
Pertussis	-						
Polio	3						
Measles	2						
Rubella	2						
Mumps	2						
Hepatitis B	3						
Varicella	-						
Meningitis	-						
Tuberculin Tests	Date-Last						
Do you find evidend			A (20)	orate on rev		8	Left
Eye strain or eye disease Yes Nutritional disease Yes Psychological concerns Yes Nose or throat abnormality Yes Heart abnormality Yes Asthma Yes			Dental of Allergy Orthope Other co	Dental or gingival disease Yes No			No No No
Blood pressure Is this child under to Should this child ha			nysical educ	ation activi	tes? Ves	. No	
Recommendations:			•				-::
Scoliosis Screening	: Results						
Date	Physician			Add	ress	Form H-7	revised 07/1