

MEDICAL EXAMINATION

Student's Name	Grade	Homeroom
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Attention Students and Parents:

Act 414, Section 1402, 1957 Legislature requires that all kindergarten, sixth, and eleventh grade students and all new students entering a Pennsylvania school without adequate health records have a physical examination. You are encouraged to have the examination performed by your family physician. The physical examination is valid within one year prior to your student's entry into the grade where the exam is required. Recognizing that examinations are necessary for many things (employment, driver's license, sports, camp, etc.), we are enclosing the required form to be filled out by your physician at the same time. If we do not have written permission from you for a school physical, the attached "Private Physician Report" form will be expected in the health suite completed by your family physician.

It will be a great help in establishing our program and schedule if you would kindly fill out this form and return it **IMMEDIATELY** to the school nurse.

**NOTE: Effective September 2002, ALL 7<sup>TH</sup> GRADE STUDENTS must have the Hepatitis B series and age-appropriate dose(s) of Varicella (chicken pox ) vaccine or history of disease.**

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\_\_\_\_\_ I plan to have the required medical examination by the family physician and will send in the Private Physician's Report by \_\_\_\_\_ .  
(Date)

\_\_\_\_\_ I give my permission for my child to be examined by the school physician for the mandated physical/new student physical examination. I understand I will be notified of any defects or problems found. If you are choosing school physical examination please provide updated information on the following immunizations:  
DT (Diphtheria/Tetanus) \_\_\_\_\_, MMR (Measles, Mumps, Rubella)  
\_\_\_\_\_ and Hepatitis B \_\_\_\_\_ .

\_\_\_\_\_ (Date) \_\_\_\_\_ Signature of Parent/Guardian

If there are any questions, please call \_\_\_\_\_ or \_\_\_\_\_ .  
(Home Phone) (Work Phone)