


To Be Completed By Physician

This form is **REQUIRED** for all students prior to the beginning of school.

Commonwealth of Pennsylvania
Department of Health

Health Form: Medical

Private Physician's Report of Physical Examination of a Student of School Age

Name of Child	First _____ Middle _____ Last _____	DOB	Month _____ Day _____ Year _____
Name of School	 Central Pennsylvania Digital Learning Foundation	AGE	SEX M F GRADE _____
Child's Address	Address _____ City or Post Office _____ Borough or Township _____ County _____ State _____ Zip _____		

Medical History

Immunizations and Tests

Vaccine	Doses				Boosters & Dates										
	Enter month, day and year each Immunization was given														
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, Td	1	/	/	2	/	/	3	/	/	4	/	/	5	/	/
Polio (Circle): OPV, IPV	1	/	/	2	/	/	3	/	/	4	/	/	5	/	/
Measles, Mumps and Rubella	1	/	/	2	/	/									
Hepatitis B	1	/	/	2	/	/	3	/	/						
HIB	1	/	/	2	/	/	3	Varicella Disease or Lab Evidence							
Varicella	1	/	/	2	/	/	Date: _____								
Menactra	1	/	/	Tdap				1	/	/					

- Medical Exemption**
The physical condition of the above named child is such that immunization would endanger life or health.
- Religious Exemption**
Include a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/legal guardian.

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-up of significant tuberculin tests:

Parent/Guardian notified of significant findings on _____ Date _____

Result of Diagnostic Studies: _____ Date _____

Preventative Anti-Tuberculosis - Chemotherapy ordered. Yes No _____ Date _____



2013_2014 School Year

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