

The State of Pennsylvania requires medical examinations for students entering Grade 9. Ideally, the family physician performs the examination since he or she can best evaluate your child's health and assist you in obtaining necessary treatments and corrections. Please have the form below completed by your family physician or clinic and return it to the Main Office prior to the start of the school year.

HEALTH ASSESSMENT FORM 9th Grade Students

STUDENT NAME						GRADE	
BIRTH DATE							
Physical Examinat	tion:						
Pulse Respiration B.P. Height Weight BMI BMI %		Health History					
Visual Acuity							
Far O.D. O.S. Near O.D O.S. Audiometric	(c or s lenses)	ses)	Norma	ıl	Abnormal	Not Examined	Describe Findings
General Appearanc	e						7.1
Skin							
Eyes						<u> </u>	
Ears (canals and TN	(Is)						
Nose, Mouth, Throa	ıt						
Teeth, Gingiva							
Neck, Thyroid							
Chest (breasts)							
Lungs							
Heart							
Abdomen (hernia)							
Genitalia							
Joints, Muscles							
Posture, Gait							
Neurological			-				
Spine							
Immunizations: DPT DTaP							
	Tdap OPV/IPV				Td		<u> </u>
	Hepatitis	B#1		#2		#3	
_	MMR						
	Varivax			#2		or date of Varicella disease	
	Weningococcal						
	Meningoco	occai_					
Should this child have restrictions on play or physical education activities? NO YES Date Signature of Examiner							