



North Allegheny School District

Private Physician's Report of Physical Examination of School-Aged Student

PARENT/GUARDIAN SECTION (LINES 1, 2, 3, and 4):

- 1. Student's Full Name: Date of Birth:
2. School: / To be completed by NASD: Grade: Section: ID#
3. Father's Full Name: Mother's Full Name:
4. Preferred Phone # (Home): (Cell): (Work):

PHYSICIAN SECTION (LINES 5, 6, 7, 8, and 9):

5. IMMUNIZATION: PROVIDE DATES OF ANY BOOSTERS GIVEN AFTER BASIC SERIES OR ON DAY OF EXAM IF NOT INCLUDED IN FILE
DTAP Date; MMR #1Date #2 Date Chicken Pox - Date of Disease
Varicella Vaccine #1Date #2Date; Lead #1 Date #2 Date
Other Date; \*Grades 7 - 12 -- in addition:
Other Date; 7th grade students must have completion of Tdap and 1st dose of MCV
12th grade students must have Tdap and completion of 2nd dose of MCV

6. MEDICAL HISTORY:
Allergies (please specify):
Hospitalizations/Surgery/Accidents/Serious Illness: (please specify)
(DATE) (DATE)

7. REPORT OF EXAMINATION: \* Please elaborate below on "abnormal" findings.

Table with 8 columns: NORMAL, ABNORMAL, Glands, Heart, Lungs, Abdomen, Genitalia, Neuro Muscular System, Skeleton, Scoliosis- Bending Position, Emotional Status, Height, Weight, BP, Pulse, and REQUIRED FOR ENTRANCE TO KDG.

\*Abnormal findings:

8. RESTRICTIONS: Should this child have restrictions on play or physical education activities? NO YES If "YES", please explain:

9. RECOMMENDATIONS: What recommendations do you wish to make to the teacher or School Nurse, which might be of benefit to this child?

DATE OF EXAMINATION: PHYSICIAN'S NAME: (Please print Physician's name)

SIGNATURE OF PHYSICIAN, CRNP, or PA: (Signature of Physician, CRNP, or PA)

PHYSICIAN'S ADDRESS: PHONE #