

DELAWARE SCHOOL PHYSICAL EXAMINATION FORM

To be completed by licensed medical physician, nurse practitioner or physician's assistant.

Name: MARY MUG XUOFJUBQUTFUYY Sex: F DOB: 02/03/2001
 Date: 03/25/2021 Examiner: Admin

PLEASE CHECK IF CHILD HAS HAD DIFFICULTY WITH ANY OF THE FOLLOWING.
 GIVE DATES AND ADDITIONAL INFORMATION UNDER COMMENTS.

- | | | | |
|--------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Body Piercing/Tattoo | <input type="checkbox"/> Emotional | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Bone Problem | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Heart | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Infections | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney | <input type="checkbox"/> Vision |
| <input type="checkbox"/> OTHER _____ | | | |

Comments:

Height: 60.5 in Weight: 82 lbs BP: 111/88 Pulse: 80

Vision: Right: _____ Left: _____

Hearing: Right: _____ Left: _____

Lead Screening: Date Completed: 06/20/14 Results: 3.2

Hematocrit/Hemoglobin: Date Completed: 11/20/2013 Results: _____

PPD (Mantoux): Date Placed: _____ Date Read: 06/08/2015 Results (in mm): 06/08/2015

Immunizations – Shaded Vaccines Required

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / /	DTP/DTaP 2 / /	DTP/DTaP 3 / /	DTP/DTaP 4 / /	DTP/DTaP 5 / /
DT/Td 1 02/01/2012	DT/Td 2 02/02/2012	DT/Td 3 01/01/2014	DT/Td 4 02/05/2016	DT/Td 5 01/09/2017
OPV/IPV 1 10/13/2010	OPV/IPV 2 02/02/2011	OPV/IPV 3 04/06/2012	OPV/IPV 4 12/10/2013	OPV/IPV 5 03/19/2014
MMR 1 08/02/2012	MMR 2 08/27/2012	Hep B 1 06/15/1998	Hep B 2 02/15/1999	Hep B 3 09/07/2001
Hib 1 11/15/1998	Hib 2 08/15/1999	Hib 3 10/13/2010	Hib 4 04/06/2012	
Hep B 1 (2 dose Version only) / /	Hep B 2 (2 dose Version only) / /	Hep B/Hib 1 / /	Hep B/Hib 2 / /	Hep B/Hib 3 / /
Varicella 1 01/17/2012	Varicella 2 05/14/2013	Lyme Vax 1 / /	Lyme Vax 2 / /	Lyme Vax 3 / /
Pneumococcal Conjugate 1 11/19/2008	Pneumococcal Conjugate 2 03/19/2009	Pneumococcal Conjugate 3 05/02/2010	Pneumococcal Conjugate 4 05/03/2010	
Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Hep A 1 09/02/2006	Hep A 2 04/01/2012	
Influenza 1 11/16/2010	Influenza 2 11/28/2011	Other: / /	Other: / /	

CHILD'S NAME: MARY MUG XUOFJUBQUTFUYY

PHYSICAL EXAMINATION	Check (✓)		COMMENTS
	NORMAL	ABNORMAL	
General Appearance			
Head/Scalp			
Eyes			
Ears			
Nose/Throat			
Mouth/Teeth/Gums			
Heart			
Chest/Lungs			
Skin			
Abdomen			
Genitalia			
Neurological			
Development			
Musculoskeletal			
Nutrition			

Health Problems or Special Needs Identified: _____

FOR CHRONIC CONDITIONS:
Please attach care plan, protocols, and/or emergency care plan.

Recommendations or Referrals: _____

Examiner's Signature: Laura Bennett MD Date: 03/25/2021
Printed Name: Admin Phone: 215-343-5520
Address: 1432 Easton Rd, Ste 3-G, Warrington, PA 18976