

**PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

HOLY FAMILY SCHOOL

DATE _____

GRADE _____

NAME OF CHILD					AGE	SEX
Last		First		Middle		
ADDRESS						
No. and Street		City	County	State	Zip	

MEDICAL HISTORY IMMUNIZATIONS AND TESTS

VACCINE	Enter Month, Day, and Year Each Immunization Was Given			BOOSTERS & DATES	
	1. / /	2. / /	3. / /	4. / /	5. / /
Diphtheria and Tetanus*	1. / /	2. / /	3. / /	4. / /	5. / /
Polio	1. / /	2. / /	3. / /	4. / /	5. / /
Measles, Mumps, Rubella	1. / /	2. / /	3. / /	4. / /	5. / /
Hepatitis B	1. / /		2. / /		3. / /
HIB	1 / /		2. / /		3. / /
Varicella	1. / /		2. / /		Varicella Disease or Lab Evidence Date _____
Other					

*Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DT or Td

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/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. No Yes _____ Date

