

**LANCASTER MENNONITE SCHOOL
COMPREHENSIVE PHYSICAL EXAMINATION**

PA State Requirement of:

1. Any new student who does not reside in the state of Pennsylvania.
2. Any student entering grades K, 6 or 11.
(NOTE: Students in 11th grade *who are participating in a PIAA sport* are required to complete and submit this form AND the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form available on our Web site. The physical examination for the PIAA sport must be scheduled no earlier than June 1 and is effective until May 31.

NOTE: Since physicals for driving examinations are not under the jurisdiction of schools, we cannot assure that the family physician will honor this examination for the physical required by the state of PA for licensed drivers at some later date. We recommend the parent check with their family physician at the time of this examination.

Personal Information and Health History

Grade Entering _____
Graduation Year _____
Sex: M _____ F _____

Name _____ School District _____
Address _____ Parents: Father _____
Mother _____
Phone: (Home) _____ Birthdate _____ Birthplace _____ Age _____
(Emergency) _____ Physician _____
Preferred Dentist _____ Preferred Hospital _____

Do you or did you have the following: (Explain as necessary on same line.)	Enter date:					
	at any time		since 1st Exam		since 2nd Exam	
	yes	no	yes	no	yes	no
Injury needing doctor or hospital?						
Surgery/hospital stay?						
Asthma?						
Diabetes?						
Heart problem or Rheumatic Fever?						
Allergy to?						
High Blood Pressure						
Drug or alcohol problem?						
Hemophilia (a "bleeder")?						
Convulsions (seizures)?						
Concussion (head bump, unconscious)?						
Fainting?						
Eye injuries?						
Glasses, contact lenses or braces?						
Hernia (rupture) or testicle loss?						
Neck, back, shoulder, hip problem?						
Knee problem?						
Other condition affecting athletics?						

List any medication you take regularly: _____

Immunization Status

(Please furnish the exact dates that the immunizations were given. If the school already has the immunization information, furnish the dates for the latest boosters given.)
(*) indicates the immunizations required prior to entrance into school.

Oral Polio* _____	Measles* _____	DPT* _____	HBV#1 _____
Oral Polio* _____	Rubella* _____	DPT* _____	HBV#2 _____
Oral Polio* _____	Mumps* _____	DPT* _____	HBV#3 _____
Booster _____	MMR2* _____	TD Booster _____	Varicella _____
Booster _____		TD Booster _____	TB Test Date _____
			TB Test Results _____

PHYSICAL EXAM TO BE COMPLETED AND SIGNED BY PHYSICIAN

Student Name: _____ (other personal information on front)

Height: _____ Weight: _____ Pulse: _____ BP: _____

Vision: R-20/ _____ L-20/ _____ Corrected: R-20/ _____ L-20/ _____ **COMMENTS:**

Hearing: R _____ L _____

Urinalysis: Sp.Gr. _____ Sugar _____ Albumin _____

	Normal	Abnormal	Comments:
Skin			
Eyes			
Ears			
Mouth and Teeth			
Nose and Throat			
Chest and Lungs			
Heart			
Abdomen			
Genitalia			
Hernia			
Neurological			
Muscular/Skeletal			
General Nutrition			

Physician's Signature _____ Date _____

Name of Medical Center _____ Phone Number _____