

**MUHLENBERG SCHOOL DISTRICT
HEALTH SERVICES**

STUDENT'S NAME _____ GRADE _____

PHYSICAL AND DENTAL EXAMINATIONS

Pennsylvania law mandates that children entering school for the first time (kindergarten or first grade) and sixth and eleventh grades receive **physical** examinations by a PA licensed physician. If your child is entering **any grade from out of state**, PA law also mandates they receive a physical examination by a PA licensed physician. Parent/guardian should choose family or school in the following statement:

I wish to have this examination done by **FAMILY SCHOOL** doctor.

Pennsylvania law also mandates that children entering school for the first time (kindergarten or first grade) and third and seventh grades receive **dental** examinations by a PA licensed dentist. If your child is entering **any grade from out of state**, PA law also mandates they receive a dental examination by a PA licensed dentist. Parent/guardian should choose family or school in the following statement:

I wish to have this examination done by **FAMILY SCHOOL** dentist.

IMMUNIZATION RECORD

DPT (diphtheria, pertussis, tetanus)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

MMR (measles, mumps, rubella)

1. _____
2. _____

HEPATITIS B

1. _____
2. _____
3. _____

OTHER

1. _____
2. _____
3. _____
4. _____

POLIO

1. _____
2. _____
3. _____
4. _____

VARICELLA (chickenpox)

1. _____
2. _____

Immunization complete as of _____

Immunization **NOT** complete as of _____ Need the following: _____

I understand that registration of this student is **NOT COMPLETE** until all immunization requirements listed above are complete. I further understand that admission of this child to Muhlenberg School District will be denied unless proof of medical contraindication or written statement of religious objection to these immunizations is provided.

Parent/guardian signature

Date