



THE SCHOOL DISTRICT OF PHILADELPHIA

STUDENT HEALTH SERVICES

440 N. BROAD STREET
3rd fl. Portal C
PHILADELPHIA, PENNSYLVANIA 19130
PHONE: (215)400-4920 FAX: (215)400-4921

Dear parent or guardian,

The Pennsylvania Public School Code requires that students upon original entry, sixth grade, ninth and 11th grades be given a "comprehensive appraisal" of their health. The physical is to be completed within 4 months prior to the start of the school year. As your child is entering a grade that requires a physical , this letter is being sent as a reminder to follow up with your child's physician for completion of the form. Please return the completed form to the school nurse at the start of the school year. If you have any difficulty in obtaining or scheduling a physical for your child, please reach out to the school nurse for assistance.

Thank you for your attention to this matter.

Respectfully,

Nurse: May amay@philasd.org

THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES
REPORT OF PHYSICAL EXAMINATION

Name of Student	Date of Birth	Student ID #	Grade
Name of School	Room/Section/Book	Date Issued	

TO THE PARENT/GUARDIAN:

I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.

Parent/Guardian Signature _____ Date _____

RECORD OF VACCINE ADMINISTRATION

Please attach complete immunization record including serology results if available.

■ Allergies _____ ■ Date of last PPD _____ Result _____ mm

Does this student have health insurance? _____ Yes _____ No Name of Insurance Provider: _____

RECORD THE FOLLOWING

1.	Visual Acuity: Without Glasses: R _____ L _____ With Glasses: R _____ L _____																
2.	Audiometric Screening: R _____ L _____ 3. BP _____																
4.	Height _____ inches / cm Weight _____ lb. / kg BMI percentile _____																
5.	Scoliosis Screening: _____ Normal _____ Abnormal _____ Referred _____ No Referral																
6.	Activity Recommendation: _____ Full Physical Activity _____ Restricted Physical Activity <small>(Must Complete Phys. Ed. Medical Exemption/Program Modification Form MEH-23)</small> Specify Restrictions: _____																
7.	List all medications currently being taken: Medication: _____ Reason: _____																
8.	List ALL problems by history or examination: <div style="float: right; text-align: right;"> Circle status of problem </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. _____</td> <td style="width: 15%;">Under Care</td> <td style="width: 15%;">Care Complete</td> <td style="width: 20%;">Referred</td> </tr> <tr> <td>2. _____</td> <td>Under Care</td> <td>Care Complete</td> <td>Referred</td> </tr> <tr> <td>3. _____</td> <td>Under Care</td> <td>Care Complete</td> <td>Referred</td> </tr> <tr> <td colspan="4">_____ No Problems Identified</td> </tr> </table>	1. _____	Under Care	Care Complete	Referred	2. _____	Under Care	Care Complete	Referred	3. _____	Under Care	Care Complete	Referred	_____ No Problems Identified			
1. _____	Under Care	Care Complete	Referred														
2. _____	Under Care	Care Complete	Referred														
3. _____	Under Care	Care Complete	Referred														
_____ No Problems Identified																	

Comments / follow-up treatment plan / Special instructions to school:

Signature of Care Provider (REQUIRED)	Telephone Fax	Care Provider office stamp (REQUIRED)
Address	Date of Exam	

Office of Student Health Services

Suite 374

440 North Broad Street

Philadelphia, PA 19130

Dear Parents/Guardians of Upcoming 7th Grade Students:

As you prepare for your student to enter 7th grade, we have important information regarding District vaccination requirements. The Pennsylvania Department of Health requires that all students entering 7th grade provide proof of receiving one dose of the **Tdap** (Tetanus, diphtheria, & acellular pertussis) vaccine and one dose of the **MCV4** (meningococcal conjugate) vaccine prior to school attendance. If your student has already received these vaccinations, please be sure to provide your student's school with an up to date immunization record before the start of the 2025/26 school year. If you have already provided this record to school—thank you!

Please schedule an appointment for the required vaccines with your student's doctor or at a Philadelphia city health center. This will ensure that your student is able to attend school in the fall.

If your student is exempt from any immunization(s) for a medical, religious or philosophical/strong moral reason, you are required to complete and submit an Exemption Form before school starts in the fall. The form is available at <https://www.philasd.org/VAX>.

At the School District of Philadelphia, the safety and well-being of all students is a top priority. Our schools work hard to ensure compliance with the immunization laws. We can only accomplish this with your help. Updated records may be submitted by email (5vax@philasd.org), fax (215-400-4921), or dropped off in person at your student's school when schools reopen. Thank you for helping your student be prepared for 7th grade.

For your reference, a flyer outlining immunization requirements is attached. Should you have any questions or require additional information, please contact your school nurse via email or visit <https://www.philasd.org/VAX>.

Sincerely,



Student Health Medical Advisor



Office of Student Health Services

Suite 374

440 North Broad Street

Philadelphia, PA 19130

Dear Parents/Guardians of Upcoming 12th Grade Students:

As you prepare for your student to enter 12th grade, we have important information regarding District vaccination requirements. The Pennsylvania Department of Health requires that all students entering 12th grade have proof of receiving two doses of the **MCV4** (meningococcal conjugate) vaccine prior to school attendance. Of note, if the first dose of **MCV4** (meningococcal conjugate) vaccine is received after the 16th birthday, only one dose is required. If your child has already received these vaccinations, please be sure to provide your student's school with an up to date immunization record before the start of the 2025/26 school year. If you have already provided this record to the school—thank you!

Please schedule an appointment for the required vaccines with your student's doctor or at a Philadelphia city health center. This will ensure that your student is able to attend school in the fall.

If your student is exempt from any immunization(s) for a medical, religious or philosophical/strong moral reason, you are required to complete and submit an Exemption Form before school starts in the fall. The form is available at <https://www.philasd.org/VAX>.

At the School District of Philadelphia, the safety and well-being of all students is a top priority. Our schools work hard to ensure compliance with the immunization laws. We can only accomplish this with your help. Updated records may be submitted by email (5vax@philasd.org), fax (215-400-4921), or dropped off in person at your student's school when schools reopen. Thank you for helping your student be prepared for 12th grade.

For your reference, a flyer outlining immunization requirements is attached. Should you have any questions or require additional information, please contact your school nurse via email or visit <https://www.philasd.org/VAX>.

Sincerely,

Student Health Medical Advisor

THE SCHOOL DISTRICT OF PHILADELPHIA
REPORT OF PRIVATE DENTAL EXAMINATION

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade
<p>TO THE DENTIST <i>Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).</i></p> <p><i>These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.</i></p> <p><i>Thank you for your cooperation.</i></p>			
UNDER TREATMENT / WORK BEGUN		COMPLETION OF WORK / NO TREATMENT NECESSARY	
Date Work Begun		<input type="checkbox"/> No Treatment Required Now	
Scheduled Follow-up Appointment		<input type="checkbox"/> All Necessary Dental Work Completed	
Date of Dental Examination		Expected Completion Date	
<i>Comments / Follow-up Treatment / Special Instructions to School</i>			
Name of Dentist		Telephone	
Signature of Dentist		Date Signed	
Address		Fax Number	

IMPORTANT:

Return this form to:

 Certified School Nurse/Practitioner

 School

 School Address

 Phone Number