

SCHOOL DISTRICT OF CHELTENHAM TOWNSHIP SCHOOL HEALTH SERVICES

Notification given to student on _____
(date)

Notification mailed on _____
(date)

2nd Notification mailed on _____
(date)

To the Parent / Guardian of _____ ; Grade _____

The medical examination required by the School Health Act of Pennsylvania will be given to your child on _____. You are invited to be present.

Please sign and return this informed consent form to the nurse as soon as possible.

Parent / Guardian:

- Will be attending
- Will not be attending
- Will be done by my family physician on: _____
(date)

Parent / Guardian Signature

COMMENTS: _____

PLEASE NOTE: Listed below are suggested Pennsylvania State Guidelines for both private and school physical examinations. We encourage you to write in any significant conditions or concerns that you may wish to call to the attention of the school's examining physician.

Certified School Nurse

PENNSYLVANIA GUIDELINES REGARDING THE EXTENT OF A PHYSICAL EXAMINATION

- Height (inches)
- Weight (pounds)
- Pulse
- Blood Pressure
- Hair/Scalp
- Skin
- Eyes Visual Acuity R / L /
- Eyes - Color Vision - Primary grades only
- Ears Hearing dB R L
- Nose and Throat
- Teeth and Gingiva
- Lymph Glands
- Heart - Murmur, etc.
- Lung - Adventitious Findings
- Abdomen
- *Genitalia (male)
- Neuromuscular System
- Extremities
- Spine (presence of scoliosis) - Grade 6
- Emotional Status

*females deferred for school physicals
*Includes Testicular & Hernia exam for males

COMMENTS: _____