

THE SCHOOL DISTRICT OF PHILADELPHIA  
SCHOOL HEALTH SERVICES

**REQUEST FOR MEDICAL INFORMATION**

Student's Name: \_\_\_\_\_ Room/Book: \_\_\_\_\_

DOB: \_\_\_\_\_ School: \_\_\_\_\_

Dear Parent or Guardian:

Pennsylvania State law requires each school to keep a health record for every student. In addition, each student is entitled to testing by a Certified School Nurse for vision, hearing and growth. Students who fail these tests in school may be referred to the appropriate health care provider for further evaluation.

We need some information from your health care provider to update your child's school health record. Please ask your doctor to complete the attached form and return it to the school nurse as soon as possible. The information that your child needs is checked.

- \_\_\_\_\_ Immunization record.
- \_\_\_\_\_ Physical exam (MEH-1).
- \_\_\_\_\_ Dental exam (MEH-155).
- \_\_\_\_\_ Report of Visit to Health Services (M-34).
- \_\_\_\_\_ Vision Screening Referral (M-144). Take this form to an eye care specialist.
- \_\_\_\_\_ Hearing Test Report (M-117). Take this form to your doctor or hearing specialist.
- \_\_\_\_\_ Request for Administration of Medication (MED-1). This form must be completed by your doctor for any student who takes medication in school. Parent or guardian must also sign this form.
- \_\_\_\_\_ Consent for Release of Information (M-68). If you would like the School Nurse to contact your doctor directly, please sign this form. You must also send the name, address and phone number of your doctor.
- \_\_\_\_\_ Physical Education Medical Exemption (MEH-23)
- \_\_\_\_\_ Other \_\_\_\_\_

Please contact me if you need assistance to find a doctor or obtain health insurance.

School Nurse: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_