

School: _____

Physical Examination Form

The health of your child is one of the most important factors in his progress and happiness in school. For this reason, it is required by law that your child have a physical examination within 6 months of entering school, 7th grade, or when transferring from out of state.

Please return this form to your school after it has been completed by your family physician.

Name _____ Birth date _____

Address _____

School _____ Grade _____

FORM TO BE COMPLETED BY YOUR FAMILY PHYSICIAN

	Normal	Abnormal	Describe
Skin			
Head			
Eye Grounds			
Ears			
Nose			
Mouth & Throat			
Scalp			
Neck			
Thyroid			
Lymph Nodes			
Heart			
Lungs			
Abdomen			
Genitalia			
(include hernia)			
Back and Spine			
Extremities			
Neurological			
Psychiatric			
Epilepsy			
Diabetes			
Scoliosis			

TB Skin Test: _____

Urinalysis: _____

Hemoglobin: _____

Blood Pressure: _____

Height: _____

Weight: _____

Does this child have any special or unusual conditions? _____

Recommendations (to parent or teacher):

Immunization Date	#1	#2	#3	#4	#5
*DPT, DTaP					
Td					
*Polio					
*MMR					
Hib					
Varicella					
*Hepatitis B					
Other					
*Required by Law					

Date: _____ Examining Physician: _____

SCHOOL: _____

PARENT/GUARDIAN WAIVER OF PHYSICAL EXAMINATION

As Parent/Guardian of _____ Grade _____ ,

I chose to **WAIVE** the required physical examination by filing this signed statement in the school records as provided in Section 79-444(s) of Nebraska State Law.

Signed Parent/Guardian

Date