

-Return to School Office-

SOUTHERN PUBLIC SCHOOLS PHYSICAL EXAMINATION FORM

The health of your child is one of the most important factors in his/her 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 SCHOOL AFTER IT HAS BEEN COMPLETED BY YOUR FAMILY PHYSICIAN.

Name _____ Birthdate _____ Grade _____

Address _____

FORM TO BE COMPLETED BY YOUR FAMILY PHYSICIAN

	<u>Normal</u>	<u>Abnormal</u>	<u>Describe</u>
Skin.....	_____	_____	_____
Head.....	_____	_____	_____
Eye grounds.....	_____	_____	_____
Ears.....	_____	_____	_____
Nose.....	_____	_____	_____
Mouth and Throat.....	_____	_____	_____
Scalp.....	_____	_____	_____
Neck.....	_____	_____	_____
Thyroid.....	_____	_____	_____
Lymph Nodes.....	_____	_____	_____
Heart.....	_____	_____	_____
Lungs.....	_____	_____	_____
Abdomen.....	_____	_____	_____
Genitalia.....	_____	_____	_____
(include Hernia).....	_____	_____	_____
Back and Spine.....	_____	_____	_____
Extremities.....	_____	_____	_____
Neurological.....	_____	_____	_____
Psychiatric.....	_____	_____	_____
Epilepsy.....	_____	_____	_____
Diabetes.....	_____	_____	_____
Scoliosis.....	_____	_____	_____
Other.....	_____	_____	TB Skin Test _____

Urinalysis _____ Hemoglobin (optional) _____

Blood Pressure _____ Height _____ Weight _____

Does this child have any special or unusual condition? _____

Recommendations (to parent or teacher): _____

IMMUNIZATION DATE:	#1	#2	#3	#4	#5
*DPT.....	_____	_____	_____	_____	_____
DT.....	_____	_____	_____	_____	_____
TETANUS.....	_____	_____	_____	_____	_____
*MEASLES.....	_____	_____	_____	_____	_____
*MUMPS.....	_____	_____	_____	_____	_____
*Required by Law					

IMMUNIZATION DATE:	#1	#2	#3	#4	#5
*RUBELLA.....	_____	_____	_____	_____	_____
SMALL POX.....	_____	_____	_____	_____	_____
*POLIO.....	_____	_____	_____	_____	_____
*VARICELLA.....	_____	_____	_____	_____	_____
*HEPATITIS B.....	_____	_____	_____	_____	_____

DATE _____ EXAMINING PHYSICIAN _____

SOUTHERN PUBLIC SCHOOLS

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 (3) of Nebraska State Law.

Signed Parent/Guardian

Date