



# Department of Health and Human Services Physical Examination Report

## MEAD PUBLIC SCHOOLS

The school board shall require evidence of (a) a physical examination by a physician, a physician assistant, or an advanced practice registered nurse...within six months prior to the entrance of a child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade of the local school; and (b) for school year 2006-07 and each school year thereafter, a visual evaluation by a physician, physician assistant, an advanced practice registered nurse, or an optometrist within six months prior to the entrance of a child into the beginner grade or, in the case of a transfer from out of state, to any other grade of the local school, which consists of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity, except that no such physical examination or visual evaluation shall be required of any child whose parent or guardian objects in writing. The cost of such physical examination and visual evaluation shall be borne by the parent or guardian of each child who is examined. Nebraska Revised Statutes 79-214 (excerpt).

**INSTRUCTIONS FOR PARENT/GUARDIAN: This form is provided as a convenience to you and your student's health care provider in meeting the requirement for physical examination in Nebraska schools. No specific form is required by the statute. When your student's physical examination is complete, please return the examination report to the school health office. The information provided here may be shared with school personnel as needed in order to promote your student's safety and educational success. Please contact the school nurse if you have questions.**

Student Name _____	School _____	Grade _____
Student Address _____	Zip _____	Age _____
Physician Name _____	Sex: M F _____	

### PHYSICAL FINDINGS (use back for comments or recommendations)

**Please check classification**

Height _____	Weight _____																																																																			
Blood Pressure _____	Pulse _____																																																																			
Urinalysis _____																																																																				
Hemoglobin/Hct _____																																																																				
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- Regular: Student may participate in the regular program of physical education, recreation, intramurals, athletics or related activities without undue risk or injury.
- Adapted: Student has a condition which might risk sustaining injury from participation in the regular program or needs a special adapted program as indicated by the consulting physician. Reexamine each year.
- Exempt: Student has a severe handicap which might risk sustaining injury from participation in the regular or adapted programs. These students should be reexamined for possible reclassification at the end of the exemption period.

**Please check certification**

- Certified: Student has passed the physical examination successfully and is physically able to participate in interscholastic athletics. Activities student should **not** participate in

**Significant findings/chronic health concerns** \_\_\_\_\_

**Your signature below indicates completion of physical exam and review of health history.**

Date \_\_\_\_\_ Signed \_\_\_\_\_

Examining Physician (Signature Required)

Clinic/Practice Name (please print) \_\_\_\_\_ Physician Phone \_\_\_\_\_  
Physician Address \_\_\_\_\_

Return to School Health Office