

Health Examination Form

Nebraska City Public Schools
Nebraska City, Nebraska

School Year _____ Grade Entering _____

Name: _____ Birth Date: ____/____/____

Address: _____ Age: _____ Sex: M F

Physical Findings

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Urinalysis: _____ Hemoglobin: _____

School vision evaluation required for Kindergarten and out-of-state transfer students to be completed by Optometrist, Doctor, Physician's Assistant, or Advanced Practice Nurse

Heart: _____ Thyroid: _____ Abdominal organs: _____ Lungs: _____

History of Asthma or Allergic Reaction: YES NO (If YES, Please Complete An Asthma Action Plan.)

Required medication on a daily or episodic routine: _____

Any Significant Findings: _____

Orthopedic Exam: Neck: _____ Spine: _____ Knees: _____ Feet: _____

Upper extremities: _____

Lower extremities: _____

Evidence of Scoliosis: YES NO

Immunizations

DPT (3) _____; _____; _____ (K-12 must have 3 doses; one dose must be after 4 years of age)

Tdap _____ **(7th grade only must have 1 dose after 10 or 11 years of age)**

Polio (3) _____; _____; _____ (K-12 must have 3 doses)

MMR (2) _____; _____ (K-12 must have 2 doses)

Hepatitis B (3) _____; _____; _____ (K-12 must have 3 doses)

Varicella (2) _____; _____ **or evidence of disease** (month/year) _____ (K-12 must have 2 doses)

Please check classification:

___ 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 of special adapted program as indicated by the consulting physician. Re-examination each year.

___ Exempt: Student has a severe handicap, which might risk sustaining injury from participation in the regular or adapted program. Student should be reexamined for possible reclassification at the end of the exemption period.

Date of Examination: ____/____/____ **Examiner's Signature** _____

PARENT/GUARDIAN STATEMENT OF OBJECTION (WAIVER) TO REQUIREMENT FOR HEALTH EVALUATION

- ❖ "The Board of Education shall require evidence of a physical examination by a qualified physician within 6 months prior to the entrance of a child into the beginner grade and 7th grade or in the case of a transfer from out-of-state to any other grade of the local school; provided no such examination shall be required of any child whose parent or guardian shall object thereto in writing." School Law 79-444

On behalf of my student _____, I object to the required physical evaluation as legislated School Law 79-444. I understand provisions of the law allow me to waive this requirement for my child by my signed statement.

Signature of Parent/Guardian

Date