PHYSICAL EXAMINATION REQUIREMENTS

HSOD20 526009 Rev. 4/18

"The Board of Education shall require evidence of a physical examination by a physician, 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 provided no such examination shall be required of any child whose parent or guardian shall object thereto in writing." A complete visual evaluation is required at the entry grade (kindergarten, or grade of transfer from out of state). A vision professional may also complete the required visual evaluation. Waiver forms are available in each school health office. School Law 79-214 (3). Physical examinations are recommended at the third and tenth grade in addition to the required examinations.

Each student participating in Interscholastic athletics is required to have a complete physical examination (Nebraska School Acclivities Association requirement) to be given after May 1 of each year. This certifies that the athlete is qualified for the entire school year, May 1 through the following closing day of school, or the current school year.

For participation in interscholastic athletics, please complete other side.

Name _____ School _____ Grade _____
Address _____ Zip _____ DOB_____ Sex ☐M ☐ F
Medical Provider _____

PHYSICAL FINDINGS:

Height _____ Weight _____
Blood Pressure _____ Pulse _____
Additional Lab Results _____
Immunizations given during today's visit:
☐ ODTP ☐ Tdap ☐ Td ☐ polio ☐ MMR ☐ Hib
☐ Hep B ☐ Hep A ☐ HPV ☐ Meningococcal
☐ Varicella ☐ other (list) _____
(Please attach copy of Immunization record on file.)

Audiometric Screening Report, if given

	500	1000	2000	4000
RE				
LE				

	Pass	Fail	Recommend Further Evaluation (See Comments Below)
Amblyopia	☐	☐	
Strabismus	☐	☐	
Internal Eye Health	☐	☐	
External Eye Health	☐	☐	
Visual Acuity	☐	☐	

20 feet: Right 20/__ Left 20/__ ☐with ☐without glasses
16 in: Right 20/__ Left 20/__ ☐with ☐without glasses

MEDICAL	**Normal**	**Abnormal Findings**
Appearance	☐	
Eyes/car/*nose*/throat	☐	
Lymph Nodes	☐	
Heart (murmur if present)	☐	
Pulses (inc. Femoral)	☐	
Lungs	☐	
Abdomen	☐	
Skin	☐	
MUSCULOSKELETAL		
Neck	☐	
Spine	☐	
Shoulder/Arm	☐	
Wrist/Hand	☐	
Elbow/Forearm	☐	
Hip/Thigh	☐	
Knee	☐	
Leg/Ankle	☐	
Foot	☐	
Evidence of Hernia ☐No ☐Yes		
Stigmata of Marfan's Syndrome ☐No ☐Yes		

Significant findings/Chronic Health Problems (please review health history) _____

Required medication on a daily or episodic routine _____

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 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 re-examined 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 _____

Recommendations: _____

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

Date _____ Signed _____
Examining Provider (Signature Required)
Clinic/Practice Name (*please print)* _____

Return to School Health Office