PHYSICAL EXAMINATION FORM Grade _____

Dear Parents/Guardians: Nebraska Law LB 59 - requires a physical examination by the physician of your choice, prior to entrance into Kindergarten, 7th grade and new students to Nebraska. This may be done 6 months prior to entering school. Return this completed form to the school where your child will be attending. An objection for a physical exam may be submitted to the school office in writing, signed and dated by the parent or guardian.

Student Last Name **First** **Middle** **Birthdate** **Age** **Phone #**

Parent/Guardian **Address**

Physician **Phone#** **Dentist** **Phone#**

MEDICAL RECORD

PHYSICAL EXAM

Height _____
Weight _____
Blood Pressure ____/____
Heart Rate _____
Urinalysis _____
Hgb/Hct _____
Vision: R20/____ L20/____
Hearing: R____/15 L____/15
Eyes _____
Ears _____
Nose _____
Throat _____
Neck _____
Heart _____
Lungs _____
Abdomen _____
Genitalia _____
Scoliosis _____
Skin _____
Ortho _____

IMMUNIZATION RECORD

DTaP, DTP _____
DT, Td _____
_____
_____
_____

POLIO _____
_____
_____
_____

MMR #1 _____
MMR #2 _____

HIB _____
_____
_____
_____

HEP B _____
_____
_____

VARICELLA _____
or _____
Lab Evidence -- _____

HEALTH HISTORY

If this child has had any of the diseases or conditions listed below, please give date of onset, specify allergies, surgery, medication, etc.

ADD/ADHD _____
Allergies _____
Asthma _____
Behavioral Disorder _____
Chicken Pox _____ **(give year)**
Diabetes _____
Ear Infections _____
Fractures _____
Glasses/contacts _____
Headaches _____
Hearing Loss _____
Seizures _____
Sleep disorder _____
Surgeries _____
Syndrome _____
Medication _____
_____
(use back side for any details)

Physician's Signature **Date**

DENTAL EXAMINATION

Is oral hygiene adequate? _____ Number of fillings present: _____ Number of restoration needed: _____
Date (s) restorations to be completed: _____ Recommendations: _____

Dentist' s Signature **Date**

Parent/Guardian Signature **Date**

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