

# Physical Examination Requirements - Lincoln, Nebraska

The school shall require evidence of a physical examination by a qualified physician within **six months prior to the entrance of a child into the beginning grades 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 (1<sup>st</sup> grade or grade transfer from out of state). A vision professional may also complete the required visual examination. Waiver forms are available in each school. School Law 79-444 (1979). Physical examinations are recommended at the third and tenth grade in addition to the required examinations.

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

### PHYSICAL FINDINGS

Height \_\_\_\_\_ Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Urinalysis \_\_\_\_\_

Hemoglobin/Hct \_\_\_\_\_

Audiometric Screening Report, if given

	500	1000	2000	4000
RE				
LE				

Immunizations given during today's visit:  
 DTP \_\_\_ Td \_\_\_ polio \_\_\_ MMR \_\_\_ Hib \_\_\_ Hep B \_\_\_  
 Varicella \_\_\_\_\_ other (list) \_\_\_\_\_

*(Please attach copy of immunization record on file.)*

Significant findings/Chronic Health Problems (Please review health history)

**PASS                  FAIL**

**RECOMMEND FURTHER**

**EVALUATION**

comments below) \_\_\_\_\_ (see

Amblyopia \_\_\_\_\_

Strabismus \_\_\_\_\_

Internal Eye Health \_\_\_\_\_

External Eye Health \_\_\_\_\_

Visual Acuity \_\_\_\_\_

20 feet: Right 20/\_\_\_ Left 20/\_\_\_ with/without glasses

16 inches: Right 20/\_\_\_ Left 20/\_\_\_ with/without glasses

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.**

Examining Physical (Signature Required)

ate \_\_\_\_\_ Signed \_\_\_\_\_, M.D.

*Examining Physician (Signature Required)*

Physician Address \_\_\_\_\_ Physician Phone \_\_\_\_\_

Clinic/Practice Name *(please print)* \_\_\_\_\_

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart (note 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 Scoliosis	no _____ yes _____	
Evidence of Hernia	no _____ yes _____	
Stigmata of Marfan's Syndrome	no _____ yes _____	