

PHYSICAL EXAMINATION REQUIREMENTS
 Health Services Department
 Superior Public Schools

"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 Activities 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 _____ Age _____ Sex M F
 Physician _____

PHYSICAL FINDINGS

Height _____ Weight _____
 Blood Pressure _____ Pulse _____
 Urinalysis _____
 Hemoglobin/Hct _____ Lead _____
 Audiometric Screening Report, if given

	500	1000	2000	4000
RE				
LE				

Immunizations given during today's visit:
 DTP Tdap 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)

MEDICAL	Normal	Abnormal Findings
Appearance	<input type="checkbox"/>	
Eyes/ears/nose/throat	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart (note murmur if present)	<input type="checkbox"/>	
Pulses (inc. Femoral)	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	
MUSCULOSKELETAL		
Neck	<input type="checkbox"/>	
Spine	<input type="checkbox"/>	
Shoulder/arm	<input type="checkbox"/>	
Wrist/hand	<input type="checkbox"/>	
Elbow/forearm	<input type="checkbox"/>	
Hip/thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg/ankle	<input type="checkbox"/>	
Foot	<input type="checkbox"/>	
Evidence of Scoliosis	<input type="checkbox"/> no <input type="checkbox"/> yes	
Evidence of Hernia	<input type="checkbox"/> no <input type="checkbox"/> yes	
Stigmata of Marfan's Syndrome	<input type="checkbox"/> no <input type="checkbox"/> yes	

	PASS	FAIL	RECOMMEND FURTHER EVALUATION (see comments below)
Amblyopia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strabismus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Eye Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Eye Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 feet: Right 20/_____ Left 20/_____			<input type="checkbox"/> with <input type="checkbox"/> without glasses
16 inches: Right 20/_____ Left 20/_____			<input type="checkbox"/> with <input type="checkbox"/> 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.

Date _____ Signed _____, M.D.
 Examining Physician (Signature Required)

Clinic/Practice Name (please print) _____
 Physician Address _____ Physician Phone _____

DENTAL EXAMINATION

Is oral hygiene adequate? _____ Number of fillings present: _____

Number of restorations needed: _____ Date(s) restorations to be completed: _____

Recommendations: _____

Signature _____ DDS Date: _____

SCHOOL VISION EVALUATION

This form may be utilized by a Vision Specialist

A School Vision Evaluation is required within six months prior to entering Nebraska Schools for the first time (Kindergarten or student transferring from Out of State).

Name: _____ Date: _____

Student Status (check one): _____ Beginner Grade _____ Transfer from Out of State

Required Tests*

	Pass	Fail
Amblyopia	<input type="checkbox"/>	<input type="checkbox"/>
Strabismus	<input type="checkbox"/>	<input type="checkbox"/>
Internal Eye Health	<input type="checkbox"/>	<input type="checkbox"/>
External Eye Health	<input type="checkbox"/>	<input type="checkbox"/>
Visual Acuity		
Right eye @ distance (20 ft.): 20/_____		aided/unaided
Left eye @ distance (20 ft.): 20/_____		aided/unaided
Right eye @ near (16 in.): 20/_____		aided/unaided
Left eye @ near (16 in.): 20/_____		aided/unaided

**A vision evaluation consisting of these required tests meets the legal requirements for the State of Nebraska but is not a complete eye examination such as most eye doctors perform*

COMMENTS/RECOMMENDATIONS:

Evaluation performed by _____
(Signature)

Office Phone Number: _____ Date: _____