

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

Athletic Activities Participation Insurance Coverage

Attention Parents/Guardians:

The purpose of this section is to bring to your attention the existence of potential dangers associated with participation. Participation in any athletic activity may involve injury of some type. The severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord. On rare occasions, injuries can be so severe as to result in total disability paralysis or death.

Even with the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the below named student in the course of such athletic activities or such travel.

Student Name _____

_____ Our son/daughter is covered by _____ Insurance Co.

_____ We will purchase the necessary insurance provided by the school to cover our son/daughter.

Signature of Student

Signature of Parent/Guardian

Date

This must be signed for the student to participate in any athletic activities.