

**RIVERSIDE PUBLIC SCHOOL**  
**K - 5<sup>TH</sup> GRADE PHYSICAL EXAMINATION**

CEDAR RAPIDS CAMPUS \_\_\_\_

SPALDING CAMPUS \_\_\_\_

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GRADE LEVEL \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Mailing Address

Town

State

Zip

\_\_\_\_\_ was given a physical examination by me  
and was found physically fit to attend school with the following limitations:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**WAIVER OF PHYSICAL EXAMINATION**

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GRADE LEVEL \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Mailing Address

Town

State

Zip

This is to certify that I formally request to waiver the physical examination for  
\_\_\_\_\_ for school attendance in accordance  
with Nebraska Department of Education Rule 55.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date