

**HEARTLAND COMMUNITY SCHOOLS
PRE 7TH GRADE PHYSICAL EXAM FORM**

Dear Parents:

Nebraska Law requires a physical examination within six months prior to the entrance of a student into 7th grade and all students new to Nebraska. It is recommended that you take this form to your doctor at the time of examination. When completed, please return it to the School Office. If you object to your child receiving this examination, please state that you do not wish your child to have a physical examination, sign and date this form and return to your school.

NAME _____ BIRTHDATE _____ GRADE _____
ADDRESS _____ SOCIAL SECURITY # _____ - -

HT _____ WT _____ BP _____

Please list dates for the following:

Hepatitis B	MMR	Tetanus	Varicella (Chicken Pox)
#1 _____	#1 _____	Booster _____	#1 _____ #2 _____
#2 _____	#2 _____		Had Disease Date _____
#3 _____			
MCV4 (Meningococcal) Vaccine _____			

PHYSICAL EXAMINATION:

General Health _____	Scoliosis Screening _____
HEENT _____	Urinalysis _____
Cardiovascular _____	Hematocrit _____
Respiratory _____	Skin _____
Abdomen _____	Hernia _____
Musculo-skeletal _____	Allergies _____
Neurological _____	

List current medications: _____

Please give recommendations for any condition requiring medical attention:

Any restrictions of physical activity? _____

Have you any further recommendations to teacher or school nurse for promoting this students physical and mental health? _____

Examining Physician _____ Date _____ Parent Signature _____

Please return this form to the school office after it has been completed by the Physician.