

# Kindergarten/Seventh Grade Physical

Nebraska law requires a physical examination prior to entrance into 7th grade. It is recommended that you take this form to your doctor at the time of examination. **When completed by you and your physician, 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 exam, sign and date this form and return it to your school.

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Allergies \_\_\_\_\_

**Please list dates for the following immunizations: See attached:**

Hepatitis B	Hepatitis A	MMR	Menactra (Recommended)	DTaP	HPV (Recommended)	Chicken Pox
#1 _____	#1 _____	#1 _____	_____	#1 _____	#1 _____	#1 _____
#2 _____	#2 _____	#2 _____		#2 _____	#2 _____	#2 _____
#3 _____				#3 _____	#3 _____	Had disease in _____ Year
				#4 _____		
				#5 _____		

Current medications: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Parent's signature \_\_\_\_\_

## Physical Exam (Physician)

General Health \_\_\_\_\_ Scoliosis screening \_\_\_\_\_

HEENT \_\_\_\_\_ Skin \_\_\_\_\_

Cardiovascular \_\_\_\_\_ Hernia \_\_\_\_\_

Respiratory \_\_\_\_\_ Other \_\_\_\_\_

Abdomen \_\_\_\_\_

Musculo-skeletal \_\_\_\_\_

List recommendations for any condition requiring medical attention: \_\_\_\_\_

Any restrictions on physical activity? \_\_\_\_\_

Recommendations to teacher or school nurse for promoting this child's physical and mental health: \_\_\_\_\_

Examining provider (print) \_\_\_\_\_ (signature) \_\_\_\_\_ Date \_\_\_\_\_