A physical exam is required for all students entering Kindergarten and 7th grade. Parents may have the physician fill out this form or another form used by that doctor. Parents may also use the physical exam form used by York Public Schools or other Nebraska clinic forms.

Parents, Nebraska Revised Statute 79-214 requires that your child have a physical examination by a qualified physician, a physician assistant, or an advanced practice registered nurse within in six months prior to the entrance of the beginner grade (Kindergarten) and seventh grade, or in the case of a transfer from out of state, to any other grade of the local school. Nebraska Revised Statues 79-217 through 79-253 require that each child be protected against Hepatitis B, measles, mumps, rubella, poliomyelitis, diphtheria, pertussis, varicella, and tetanus by immunization. Please take this form or one similar to your **doctor, dentist,** and **eye doctor** at the time of the examination.

Student's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex M F

 Last First Middle Initial

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor's Examination**

N = Normal NE = Not Evaluated

 Height \_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hemoglobin \_\_\_\_\_\_\_\_\_\_ or HCT \_\_\_\_\_\_\_\_\_\_\_\_

 Tonsils \_\_\_\_\_\_\_\_\_\_\_\_ Adenoids \_\_\_\_\_\_\_\_\_\_\_\_ Urinalysis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Lungs \_\_\_\_\_\_\_\_\_\_\_\_\_ B.P. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hernia \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spine \_\_\_\_\_\_\_\_\_\_\_\_\_

 Heart \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disabilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Skin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teeth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you use seatbelts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Nutrition \_\_\_\_\_\_\_\_\_\_\_

**Immunization Record (Month, Day, & Year on each shot) – Fill out below or attach complete records.**

**Required by Nebraska Revised Statutes 79-217 through 79-253**

\*Required by law for entry into Kindergarten

+Required by law for entry into 7th Grade

Chicken Pox Disease Date:

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1st Dose | 2nd Dose | 3rd Dose | Booster | Booster |
| DTaP/ DTP, DT or Td | \* | \* | \* | + |  |
| Polio (OPV/IPV) | \* | \* | \* |  |  |
| MMR or MMRV | \* | \* |  |  |  |
| Hepatitis B | \* | \* | \* |  |  |
| Hib |  |  |  |  |  |
| Varicella (chicken pox) | \* | \* |  |  |  |
| Prevnar |  |  |  |  |  |

 T.B. Skin Test Neg. \_\_\_\_\_\_\_\_\_\_ Pos. \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Doctor Comments of Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Examining Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M.D. Date of Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dental Examination**

 Condition/Teeth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Condition/Gums \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No. Cavities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. Filled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dental Work Complete? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Examining Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.D.S. Date of Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Vision Evaluation**

**Report Form**

*A School Vision Evaluation* is required for all children within six months prior to entering Nebraska schools for the first time *(includes beginner grades including Kindergartners, transfers, and other students new to Nebraska)* [Nebraska Revised Statute 79-214].

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_Emmanuel-Faith Lutheran School\_\_\_\_\_\_\_\_\_\_\_ Date of Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Status: *(check one):* \_\_\_\_\_ Beginner Grade \_\_\_\_\_ Transfer from Out of State

**Required Tests\*** Pass Fail Recommend Further Evaluation

 *(comments noted below)*

 Amblyopia \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Strabismus \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Internal Eye Health \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 External Eye Health \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 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 doctors perform.*

**Additional Tests** Pass Fail Recommend Further Evaluation

 Eye Alignment at Distance \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Eye Alignment at Near \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Depth Perception \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Color Vision \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Focusing Amount \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Focusing Flexibility \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Focusing Lag (Accuracy) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Convergence (Crossing Ability) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Saccade (Rapid) Eye Movement \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Pursuit (Tracking) Eye Movement \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**Comments/Recommendations:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Evaluation performed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Signature)*