

**PHYSICAL EXAMINATION REQUIREMENTS**  
Health Services Department  
Lincoln Public Schools

"The Board of Education shall require evidence of a physical examination by a qualified physician within six months prior to the entrance of a child into the beginner grade and the seventh 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." Waiver forms are available in each school health office. School Law 79-214 (3). Physical examinations are recommended at the third and tenth grade in addition to the required examinations.

Each student participating in interscholastic athletics is required to have a complete physical examination (Nebraska School Activities Association requirement) to be given after May 1 of each year. This certifies that the athlete is qualified for the entire school year, May 1 through the following closing day of school, or the current school year.

**For participation in interscholastic athletics, please complete other side.**

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Physician \_\_\_\_\_

**PHYSICAL FINDINGS**

Height \_\_\_\_\_ Weight \_\_\_\_\_  
Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_  
Urinalysis \_\_\_\_\_  
Hemoglobin/Hct \_\_\_\_\_  
Vision Screening Report, if given  
OD \_\_\_\_\_ OS \_\_\_\_\_ With Glasses \_\_\_\_\_

Audiometric Screening Report, if given

	<b>500</b>	<b>1000</b>	<b>2000</b>	<b>4000</b>
<b>RE</b>				
<b>LE</b>				

Immunizations given during today's visit:

DTP \_\_\_ Td \_\_\_ polio \_\_\_ MMR \_\_\_ Hib \_\_\_ Hep B \_\_\_  
Varicella \_\_\_ other (list) \_\_\_\_\_  
*(Please attach copy of immunization record on file.)*

Significant findings/Chronic Health Problems (please review health history) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>MEDICAL</b>	Normal	Abnormal Findings
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart (note murmur if present)		
Pulses (inc. Femoral)		
Lungs		
Abdomen		
Skin		
<b>MUSCULOSKELETAL</b>		
Neck		
Spine		
Shoulder/arm		
Wrist/hand		
Elbow/forearm		
Hip/thigh		
Knee		
Leg/ankle		
Foot		
Evidence of Scoliosis no _____ yes _____		
Evidence of Hernia no _____ yes _____		
Stigmata of Marfan's Syndrome no _____ yes _____		

Required medication on a daily or episodic routine \_\_\_\_\_

**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 a special adapted program as indicated by the consulting physician. Reexamine each year.
- Exempt: Student has a severe handicap which might risk sustaining injury from participation in the regular or adapted programs. These students should be re-examined for possible reclassification at the end of the exemption period.

**Please check certification**

- Certified Student has passed the physical examination successfully and is physically able to participate in interscholastic athletics. Activities student should **not** participate in \_\_\_\_\_

**Recommendations:**

\_\_\_\_\_

**Your signature below indicates completion of physical exam and review of health history.**

Date \_\_\_\_\_ Signed \_\_\_\_\_, M.D.  
Examining Physician (Signature Required)  
Clinic/Practice Name (please print) \_\_\_\_\_  
Physician Address \_\_\_\_\_ Physician Phone \_\_\_\_\_

