Millard Public Schools
Physical Examination Form

Student Name: _____ Male____ Female ____ DOB _____

Address: _____ Phone: _____

Parent/Guardian Name(s):_____

Physician Name: _____ Phone: _____

Summary of the School Immunization Rules and Regulations

Students from Kindergarten through 12th Grade, including all transfer students from outside the State of Nebraska and any foreign students.	• 3 doses of DTaP, DTP, DT, or Td vaccine, one given on or after the 4th birthday, • 3 doses of Polio vaccine, • 3 doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age. 2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month, • 2 doses (eff. 7/1/11) of varicella (chickenpox) or MMRV given on our after 12 months of age. The minimum intervals between the first and second dose of varicella are: 3 months for children 12 months through 12 years of age or 4 weeks for children 13-years-old and older. • Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. If the child has had the varicella disease, they do not need any varicella shots.
Additionally, for 7th grade only	• 1 dose of Tdap (must contain Pertussis booster) – this dose can be received any time after 10 or 11 years of age depending on which brand of vaccine is received.

Exceptions may be made only if the parent/guardian submits an appropriately signed medical or religious waiver informing the school they do not wish to be immunized.

	MM/DD/YY		MM/DD/YY		MM/DD/YY		MM/DD/YY
DTaP/DTP/DT/Td	1	Polio	1	MMR	1	Hepatitis B	1
	2		2		2		2
	3		3				3
	4		4	Hib	1	Varicella (Chicken Pox)	1
	5				2		2
Tdap (7th Grade)	1				3		

Immunizations Given today: _____

Physical Examination

Nebraska Law, Section 79-217, requires a physical examination at the time of school entry, at 7th grade, and for all transfer students from out of the state. The physical examination must be completed within six months prior to the entrance. Exceptions may be made only if the parent or guardian submits an appropriately signed waiver informing the school that they do not wish their child to have a physical examination.

Height: _____ Weight: _____ Blood Pressure: _____ / _____

	Normal	**Abnormal**	**Comments**
Scalp/Skin	_____	_____	_____
Heart	_____	_____	_____
Lungs	_____	_____	_____
ENT	_____	_____	_____
Abdomen	_____	_____	_____
Musculo-skeltal	_____	_____	_____
Neurological	_____	_____	_____
Scoliosis	_____	_____	_____

Additional Comments:

What medications is this child currently taking:

Medications Dose/Frequency

1. _____ _____

2. _____ _____

Vision Screening

Without Correction	With Correction		Hyperopia
Right Eye: _____	Right Eye: _____	Amblyopia: _____	Right Eye: _____
Left Eye: _____	Left Eye: _____	Strabismus: _____	Left Eye: _____

HEARING SCREENING:

Right Ear: _____ 500 _____ 1000 _____ 2000 _____ 4000 _____ Pass ( ) Fail ( ) (Check One)

Left Ear: _____ 500 _____ 1000 _____ 2000 _____ 4000 _____ Pass ( ) Fail ( ) (Check One)

Does, or has the child had any of the following conditions the school should be aware of?

Conditions **Comments**

____ Chicken Pox (date) _____

____ Seizure Disorders _____

____ Diabetes _____

____ Urinary Conditions _____

____ Heart Conditions _____

____ Eye Problems _____

____ Ear Problems _____

____ Speech Problems _____

____ Behavior/Personality Problems _____

____ Asthma _____

____ Allergies

____Food (if so, what) _____

____ Environmental _____

____ Insect _____

____ Medication (if so, what) _____

____ Other _____

____ Other Conditions_____

Do any of the above conditions limit: Classroom Activities: Yes _____ No _____

Physical Education Yes _____ No _____

What are those limitations? _____

How long will those limitations be in effect? _____

On the basis of this exam, does this child need further referral? (ENT, vision, orthopedic, etc.) Yes _____ No _____

If yes, what kind? _____

Do you feel the child needs further evaluation (psychological, educational, speech, etc.) Yes _____ No _____

Comments: _____

Signature signifies that the athlete is cleared to participate in sports.

_____ _____

Licensed Physician, DO, Physician's Asst., Nurse Practitioner Signature Date