

Dear Parent / Guardian:

Your child's health is an important factor in his/her ability to secure the maximum benefits for the educational program. Therefore, the school health services recommend that your child have an annual physical examination by your family physician.

The appropriate Physical Examination Card to be completed by your physician is available in the office of the local physician or the school nurse. The form below may be used.

This request for a physical examination is for the coming school year.

Physical examinations completed by your physician for sport programs, summer camps, etc. are acceptable.

Please direct any questions you have to the attention of the school nurse.

Thank you for your cooperation.

School Health Services

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### REPORT OF PHYSICAL EXAMINATION

Student's name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Date of Examination \_\_\_\_\_

Findings \_\_\_\_\_  
\_\_\_\_\_

Recommendations or Modifications \_\_\_\_\_  
\_\_\_\_\_

Dates of Immunizations \_\_\_\_\_  
(not previously recorded) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

**PLEASE RETURN THIS TO THE SCHOOL NURSE**