



Physical Exam Checklist

Kindergarten physical

Forms Please complete the top section of the Department of Health & Human Services "Physical Examination Report" prior to your examination.

Immunizations Please bring a complete listing of immunizations that the child has received, even if your child has received all of their vaccines in the clinic.

REQUIRED VACCINES:

DTaP tetanus, diphtheria, acellular Pertussis is the final dose of the pediatric series.

Polio IPV vaccine is the fourth and final dose in the series and is required for school entry.

MMR Mumps measles and rubella is the second and final dose of this vaccine.

Chicken Pox vaccine (Varivax) New state law requirements are that all children in school receive two doses of vaccine if they have not had the chicken pox. The first dose is usually given between 12-15 months of age.

For inquiry of Vaccine and Administration fees please call our office.

If you have questions regarding your child's vaccine needs, please ask your provider.

Thanks for allowing us to provide healthcare to your child!

Department of Health and Human Services
Physical Examination Report

Name of School (if desired) _____

The school board shall require evidence of (a) a physical examination by a physician, a physician assistant, or an advanced practice registered nurse...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; and (b) for school year 2006-07 and each school year thereafter, a visual evaluation by a physician, physician assistant, an advanced practice registered nurse, or an optometrist within six months prior to the entrance of a child into the beginner grade or, in the case of a transfer from out of state, to any other grade of the local school, which consists of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity, except that no such physical examination or visual evaluation shall be required of any child whose parent or guardian objects in writing. The cost of such physical examination and visual evaluation shall be borne by the parent or guardian of each child who is examined. Nebraska Revised Statutes 79-214 (excerpt).

PARENT/GUARDIAN: This form is provided as a convenience to you and your child's health care provider in meeting the requirement for physical examination in Nebraska schools. No specific form is required by the statute. The information provided here may be shared with school personnel as needed to promote your child's safety and educational success.

By signing below, the parent/guardian of _____ consents for the

Name of Student

release of the health and medical information contained herein to be released to _____

Name of School

Signature

Printed Name/Relationship to Student

Date

Student Name

School

Grade

Student Address

Zip

Age

Sex: ☐ M ☐ F

Physician Name

PHYSICAL FINDINGS (use back for comments or recommendations)

Height	Weight	Medical	Normal	Abnormal Findings
Blood Pressure	Pulse			
Urinalysis		Appearance	☐	☐
Hemoglobin/Hct		Eyes/ears/nose/throat	☐	☐
Audiometric Screening Report		Lymph Nodes	☐	☐
		Heart (note murmur if present)	☐	☐
		Pulses (inc. Femoral)	☐	☐
		Lungs	☐	☐
		Abdomen	☐	☐
		Skin	☐	☐
		Musculoskeletal	☐	☐
		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	

Immunizations given during today's visit:

☐ DTP ☐ Td ☐ Polio ☐ MMR ☐ Hib ☐ Hep B ☐ Varicella

☐ Other (list) _____

(Please attach copy of immunization record on file.)

Visual Evaluation Report	PASS	FAIL	Recommend Further Evaluation
Amblyopia	☐	☐	☐
Strabismus	☐	☐	☐
Internal Eye Health	☐	☐	☐
External Eye Health	☐	☐	☐
Visual Acuity	☐	☐	☐
20 feet: Right 20/_____ Left 20/_____ with/without glasses			
16 inches: Right 20/_____ Left 20/_____ with/without glasses			

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 reexamined 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: _____

Significant findings/chronic health concerns

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

Date _____ Signed _____

Examining Physician (Signature Required)

Clinic/Practice Name (please print) Family Medical Center of Hastings Physician Phone (402) 463-2423

Physician Address 1021 W. 14th Street, Hastings, NE 68901

Return to School Health Office

DENTAL EXAMINATION

Is oral hygiene adequate? _____ Number of fillings present: _____

Number of restorations needed: _____ Date(s) restorations to be completed: _____

Recommendations: _____

Signature _____ DDS Date: _____

SCHOOL VISION EVALUATION

This form may be utilized by a Vision Specialist

A School Vision Evaluation is required within six months prior to entering Nebraska Schools for the first time (Kindergarten or student transferring from Out of State).

Name: _____ Date: _____

Student Status (check one): _____ Beginner Grade _____ Transfer from Out of State

Required Tests*

	Pass	Fail
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 eye doctors perform*

COMMENTS/RECOMMENDATIONS:

Evaluation performed by _____
(Signature)

Office Phone Number: _____ Date: _____

Five-Two-One-Almost None

Nemours Health and Prevention Services is committed to helping people understand the causes and implications of being at an unhealthy weight. *5-2-1-Almost None* is our way to promote a healthier lifestyle for children and families. It's as simple as following these suggestions and tips for healthier eating and physical activity:



FRUITS AND VEGETABLES

Five stands for five or more servings of fruits and vegetables per day. Fruits and vegetables are packed with disease-fighting nutrients and give you energy, naturally.

- Serve at least one fruit or vegetable at every meal and snack. Try all the different colors.
- Dip veggies in low fat dressing. Tuck them in whole wheat pitas. Toss some on your pizza.
- Try and try again. It may take children several tastings (10 or more) before they begin to enjoy certain foods.



HOURS OF SCREEN TIME

Two stands for no more than two hours per day in front of a screen (TV, video games, and recreational computer time). A number of studies show a correlation between watching television and obesity.

- Be a role model — limit your own screen time. Play, take a walk, or cook with your kids instead.
- Keep the TV in a central location and out of your child's bedroom.
- Turn off the TV during dinner and take time to talk about your day.



HOURLY OF PHYSICAL ACTIVITY

One means at least one hour of physical activity per day. Physical activity, especially when it gets the heart pumping faster, is vital to maintaining a healthy weight and overall good health. Kids who are raised in active families tend to stay active as adults.

- Plan one physical activity for the family each weekend. Let each child take turns choosing the activity.
- There are lots of ways to be active — walking, dancing, gardening, and raking leaves can all get your heart pumping.
- 10 minutes here, 10 minutes there — and before you know it, you've been moving your body for an hour.



SUGARY DRINKS

Almost none refers to almost no sugary beverages — no more than two servings per week of soft drinks, sports drinks, and fruit drinks that are not 100% fruit juice. Over the last few decades, soda consumption has doubled for girls, tripled for boys.

- Choose water. Add a lemon or lime wedge or a splash of juice for flavor.
- Drink water, milk, and juice yourself. Your children learn by watching you.
- Avoid bringing sodas and sports drinks home. If it's there, the kids will drink it.

About NHPS

Nemours Health and Prevention Services (NHPS), a non-profit organization based in Newark, Delaware, works with families and community partners to help children grow up healthy. Our goal is to drive long-term changes in policies and practices that promote child health and to leverage community strengths and resources to have the greatest impact on the most children. One of our initial areas of emphasis is childhood obesity prevention through promotion of healthy lifestyles, the centerpiece of which is the *5-2-1-Almost None* campaign.

NHPS is the newest division of Nemours, one of the nation's largest pediatric health systems, operating the Alfred I. duPont Hospital for Children and outpatient facilities throughout the Delaware Valley and northern and central Florida. NHPS expands Nemours' reach beyond clinical care to consider the health of the whole child within his or her family and community.

