

**Trinity Lutheran Grade School
Physical Examination Form**

A physical exam is required for all students entering Kindergarten, 7th grade or entering the state of Nebraska. 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 Statute 79-444 requires that your child have a physical examination by a qualified physician within six months prior to the entrance of a child into school, and that each child be protected against Hepatitis B, measles, mumps, rubella, poliomyelitis, diphtheria, pertussis, 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)

1st Dose 2nd Dose 3rd Dose Booster Booster

DTP/DT * * * +

Polio (OPV/IPV) * * *

MMR * *

Hepatitis B * * *

Hib

Chicken Pox * *

Prevnar

T.B. Skin Test Neg. _____ Pos. _____ Date _____

Doctor Comments of Allergies:

Examining Physician _____ M.D. Date _____

Dental Examination

Condition/Teeth _____ Condition/Gums _____

No. Cavities _____ No. Filled _____ Dental Work Complete? _____

Examining Dentist _____ D.D.S. Date _____