

DIOCESE OF LINCOLN PHYSICAL EXAMINATION REQUIREMENTS

The Lincoln Diocesan Schools 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. [cf. School Law 79-214(3) (1998)].

Each student participating in interscholastic athletics is required to have a complete physical examination 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.

Name _____ School _____ Grade _____

Address _____ Age _____ Sex: M F

PHYSICAL FINDINGS

Ht: _____ Wt: _____

B/P: _____ P: _____

Vision:

w/correction

R: 20/____ L: 20/____

w/o correction

R: 20/____ L: 20/____

Laboratory: _____

Hemoglobin: _____

Urinalysis: _____

Other: _____

Cardiovascular _____

Lungs _____

Thyroid _____

Abdomen _____

Neurological _____

Musculoskeletal:

Neck _____

Spine _____

UE _____

LE _____

Knees _____

Feet _____

Hernia: Yes _____ No _____

Comments: _____

Required Medication: _____

Immunizations are current: Yes _____ No _____

If no, please list what is needed _____

Immunizations given: _____

Student may participate in the regular program of physical education, recreation, intramurals, athletics, or related activities without undue risk or injury.

Student may not participate in physical education, recreation, intramurals, athletics, or related activities.

Reason: _____

_____ M.D. _____
Examining Physician Date

CERTIFICATION FOR INTERSCHOLASTIC ATHLETICS

After review of the medical history and as indicated by the above record, I herewith certify that this student has passed the physical examination successfully and is physically able to participate in interscholastic athletics.

_____ M.D. _____
Examining Physician Date

REPORT OF VISION EVALUATION

Please Return this form to your child's school office.

Nebraska State Statute requires students entering kindergarten (or first grade, if not enrolled in kindergarten) to provide evidence of vision evaluation within six months prior to entry. This requirement also applies to out-of-state transfers to any grade.

The evaluation may be performed by a physician, physician assistant, advanced practice registered nurse, or vision professional (optometrist or ophthalmologist).

Children are exempt from this requirement when the parent/guardian provides a written statement of objection.

Name: _____ ID#: _____

Examiner: _____ Date: _____

ALL OF THE FOLLOWING MUST BE COMPLETED TO MEET NEBRASKA STATUTE REQUIREMENTS:

	PASS	FAIL	RECOMMEND FURTHER EVALUATION (see comments below)
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

COMMENTS/RECOMMENDATIONS:

Examiners Signature _____

Date _____