Henderson Health Care
Family Care Medical Clinic

Sutton Family Practice
Family Care Medical Clinic

New Student Physical

Nebraska law requires a physical examination prior to entrance into school. It is recommended that you take this form to your doctor at the time of examination. **When completed by you and your physician, please return it to the school office.** If you object to your child receiving this examination, please state that you do not wish your child to have a physical exam, sign and date this form and return it to your school.

Name_____Gender_____Birthdate_____Grade_____

Address_____City_____State_____Zip_____

Height_____Weight_____Blood Pressure_____Allergies_____

Please list dates for the following immunizations: See attached: ☐

Hepatitis B	Hepatitis A	MMR	Menactra (Recommended)	DTaP	HPV (Recommended)	Chicken Pox
#1_____	#1_____	#1_____	_____	#1_____	#1_____	#1_____
#2_____	#2_____	#2_____		#2_____	#2_____	#2_____
#3_____				#3_____	#3_____	Had disease in
				#4_____		_____ Year
				#5_____		

Current medications:_____

Surgeries:_____

Parent's signature _____

Physical Exam (Physician)

General Health _____ Scoliosis screening_____

HEENT_____ Skin_____

Cardiovascular_____ Hernia_____

Respiratory_____ Other_____

Abdomen_____ _____

Musculo-skeletal_____ _____

List recommendations for any condition requiring medical attention:_____

_____

Any restrictions on physical activity?_____

Recommendations to teacher or school nurse for promoting this child's physical and mental health: _____

_____

Examining provider (print) _____ (signature)_____Date _____