

Dear Parent/Guardian:

Your child entering grade six or eleven in September is required by Pennsylvania School Health Law to have a physical examination. Examinations done by a family physician **within one year** before the opening of the school term are acceptable by state regulations. Parents/guardians are encouraged to take their child to their family physician for these examinations to provide continuity of care. The family physician is familiar with your child and thus, is better able to detect any physical changes, administer treatment if necessary, and follow through with needed care and immunization boosters.

A physical examination is one of the most important and practical exams. Students in grade six have almost completed growth in stature and a physical exam may identify some developmental problems. For students in grade eleven, the exam usually completes the cycle of well child visits.

You have three options available for fulfilling the physical requirement.

1. You can take the enclosed physical form to have completed by your personal doctor. **Please maintain a copy for your records** and return the original directly to your school nurse in September. You or your doctor may fax this physical form to your school nurse's confidential fax number.
  - Grade six (ETR): 610-938-6399
  - Grade eleven (SHS): 610-938-2424
2. You can fill out the portion below to have your child examined by the school physician at no cost to you. Both schools will offer one date when physical exams will be performed. Please note, no immunizations are given at this exam. If you choose for your child to have a school physical, please complete the health history below and return it directly to your nurse's office. You may attach a copy of immunizations from your doctor. You will be notified of your child's appointment date at a later time.
3. Submit a copy of a current PIAA sports physical.

If you have any questions, please call your school nurse. Thank you for your cooperation in keeping your child well.

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Please allow the school physician to perform the mandated school physician on my child.

Student Name: \_\_\_\_\_

List any current medical conditions or medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

I will be present for the examination? Yes \_\_\_\_\_ No \_\_\_\_\_