

WAYNE PUBLIC SCHOOLS PHYSICAL EXAMINATION FORM E & F

7th GRADE STUDENTS WILL NOT BE ABLE TO START SCHOOL UNTIL THE REQUIRED PAPERWORK EXPLAINED BELOW IS COMPLETED.

- **PHYSICAL** - The Nebraska state law requires a completed **PHYSICAL** signed by a doctor or a **WAIVER** signed by the parent or the guardian **PRIOR** to entering 7th grade. The physical or waiver needs to be completed & returned to school prior to the first day of school.
- According to NSAA athletic bylaws, a sports physical must be completed after May 1, 2020.
- **TDAP BOOSTER AND IMMUNIZATIONS** – 7th graders must have documentation of a TDAP immunization as required by the State of Nebraska.

Parents, please note these papers **MUST** be provided to the school. If the school does not have these papers, the student will not be able to start school until we have received the paperwork.

Name _____ DOB _____ SEX _____ GRADE _____

Physician _____ Clinic _____ Allergies _____

Please complete prior to exam.

Do you take any supplements or vitamins to help with weight loss or weight gain? Yes _____ No _____

What do you think is your ideal weight? _____ Lowest weight last year _____ Highest weight _____

Are there any medical concerns you would like to discuss with the doctor? _____

Physical Examination

Height _____ Weight _____ Heart _____ Thyroid _____

Blood Pressure _____ Pulse _____ Lungs _____ Abdominal Organs _____

Urinalysis _____ Hemoglobin/HGT _____ Evidence of Hernia _____

Orthopedic Exam:

Neck _____ Upper Extremities _____ Spine _____

Knees _____ Lower Extremities _____ Evidence of Scoliosis _____

Feet _____ Mouth _____ Dental cavities needing treatment _____

Vision Screening:

OD _____ OS _____

With glasses: OD _____ OS _____

Audiometric Screening Report:

1000 2000 400

RE _____

LE _____

Immunizations: Seventh grade students are required to have a TDAP booster. Please list the dates of updated vaccinations.

TDAP _____ Varicella #1 _____ #2 _____ or Date of disease _____

Other immunizations: (These are not required by state law but may be administered per your doctor's advice.)

HPV _____ Meningococcal _____ Hepatitis A _____

Medical health problems: History of heat stroke/exhaustion _____ Heart murmur _____
Seizures _____ High blood pressure _____ Diabetes _____ Sick Cell Disease _____
Abnormal bleeding _____ Hepatitis _____ History of loss of consciousness/head injury _____

Asthma: Yes _____ No _____ Treatment: _____

Required medication on a daily or episodic routine: _____

Physical Activity: Unrestricted _____ Modifications or Exceptions _____

Remarks and Suggestions: _____

I certify that I have, on this date, examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities, EXCEPT THOSE CROSSED OUT.

FOOTBALL	TRACK	BASKETBALL	VOLLEYBALL	CROSS COUNTRY	WRESTLING
SOFTBALL	GOLF	UNIFIED BOWLING	CHEERLEADING	BASEBALL	DANCE

Date: _____ Print Physician Name: _____

Physician Signature: _____

Physical Waiver

Please fill out the section below **ONLY** if you wish to **WAIVER** the physical. This must be signed by the parent or guardian. **This does not apply to students who participate in athletics.**

As the Parent/Guardian of _____.

Birthdate _____, Grade _____, I do not wish that my child have a physical examination.

Signature

Date