

HEALTH EXAMINATION FORM

*This form is provided as a convenience in meeting the Nebraska school requirements (Kindergarten, 7th grade & Out of State Transfers), but **no specific form is mandated***

Student Name: _____ Birth Date ____/____/____

Male ____ Female ____ Parent/Guardian Name: _____ School Grade _____

Height ____ Weight ____ B/P ____ Pulse ____

Immunizations Up to Date: Y / N **Attach Copy of Record**

Allergies: _____

Medications: _____

HEARING SCREEN: PASS / FAIL
 ____ Hearing NOT tested today
 Comments: _____

VISION SCREEN

**REQUIRED for KINDERGARTEN/Beginner Grade
 & All OUT OF STATE TRANSFER Students:**

R 20/____ L 20/____ Corrected: Y / N
 Near Vision: **PASS / FAIL**
 Amblyopia/Strabismus **PASS / FAIL**
 Internal & External Health **PASS / FAIL**
 Vision Checked by eye doctor yearly: Y / N
 Comments: _____

| MEDICAL EXAM | Normal | Abnormal | Abnormal Findings |
|-----------------------|--------|----------|-------------------|
| Appearance | | | |
| Eyes/Ears/Nose/Throat | | | |
| Lymph Nodes | | | |
| Heart | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Skin | | | |
| Genitourinary | | | |
| Neck | | | |
| Back | | | |
| Shoulder/Arm/Elbow | | | |
| Wrist/Hands/Fingers | | | |
| Hip/Thigh | | | |
| Leg/Knee/Ankle | | | |
| Foot/Toes | | | |

- Cleared without restriction for all physical activities.
- NOT cleared. Please explain: _____
- Subject to illness or allergies that may result in classroom emergency: _____
- On the basis of this exam, child is referred to (ophthalmology, psychologist, speech, etc.): _____

Examiner Signature: _____ Please Circle: MD / DO / PA / APRN

Exam Date: _____ Office Name and Phone Number: _____

