Please print this form and have **physican, physician assistant or advanced practice registered nurse** complete the form.

Student Name _____ **School** _____ **Grade** _____

"The Board of Education shall require evidence of a **physical examination signed by a physican, physician assistant or advanced practice registered nurse** on a specific date 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." School Law Ch. 3, 3-007.01.

North Platte NP PUBLIC SCHOOLS

Physical

Height _____ Weight _____ BP _____

Hearing

Left Ear	Right Ear	Hz
dB	dB	500
dB	dB	1000
dB	dB	2000
dB	dB	4000

Please list any additional information regarding this student that may affect safety or optimal performance in school:

_____

Please check box if abnormal and list the abnormality.

- ☐ Neck _____
- ☐ Eyes _____
- ☐ Lungs _____
- ☐ Ears _____
- ☐ Heart _____
- ☐ Mouth/Teeth _____
- ☐ Abdomen _____
- ☐ Skin _____
- ☐ Spine _____
- ☐ Extremities _____
- ☐ Medications _____

Signature _____ Date of Examination _____

(M.D., P.A., or A.P.R.N.)

Vison

A School Vision Evaluation is required for all children **within six months prior to entering** Nebraskaschools for the first time *(includes beginner grades including Kindergarteners, transfers, and other students new to Nebraska)* [NE revised Statute 79-214]

Required Tests*	Pass/Fail	Recommended Evaluation		
Amblyopia	☐ P ☐ F		Right eye @ Distance (20')	20/ _____ ☐ Aided ☐ Unaided
Strabismus	☐ P ☐ F		Left eye @ Distance (20')	20/ _____ ☐ Aided ☐ Unaided
Internal Eye Health	☐ P ☐ F			
External Eye Health	☐ P ☐ F		Right eye @ Near (16")	20/ _____ ☐ Aided ☐ Unaided
Visual Actuity	☐ P ☐ F		Left eye @ Near (16")	20/ _____ ☐ Aided ☐ Unaided

Signature _____ Date of Examination _____

(M.D., O.D., P.A., or A.P.R.N.)

Print Form