

## **Nebraska Department of Health & Human Services**

## **Physical Exam Report**

- Injereur = Aum reper							Student Name			
Immunizations received today:							Date of Birth Grade			
DTaP Hep A Hep B HPV MeningococcalMMR Polio Td Tdap Varicella Other (specify):							By signing below, the parent/guardian of the above named student consents for the release of the health and medical information contained herein to be released to			
Chronic Conditions: ADD/ADHD							(Name of School)			
Asthma							(Signature of Parent/Guardian)			
Autism/Asperger's							Height: Weight			
Diabetes Type I, Type II							BMI: BMI Percentile:			
Other:							Blood Pressure: Pulse:			
Allergies:										
Medications:						-	Physical Findings:	Normal	Abnormal	
History of Concussions:							Appearance			
							Ears/Eyes/Nose/Throat			
Results of any lab work done:						-	Lymph nodes			
							Heart (note murmur if present)			
							Pulses			
Audiometric Screening						_	Lungs			
Addio	500	1000	2000	00 4000 6000			Abdomen			
Right	300	1000	2000	7000	0000		Skin			
Left							Musculoskeletal			
		-			1		Neck			
Vision		PASS		FAIL	Further eval		Spine/Scoliosis			
Evaluation					needed		Cleared for participation	n without	restrictions	
Amblyopia							Cleared for participation without resultentials			
Strabismus							Cleared after completing	ting evaluation and/or		
Internal Eye Health							rehabilitation for:			
External Eye										
Health										
					Correction		Not cleared for:			
20 feet		Right		:0/	Yes/No		Reason:			
		Left		20/	Yes/No		Recommendations:			
16 inches		Right		:0/	Yes/No		Recommendations.			
		Left		20/	Yes/No					
Date of Vision Evaluation										
Signati	ure						•	lress)		
							Phone:	Date:		

NRS 79-214 requires evidence of a physical exam by an MD, PA or APRN within 6 months prior to entrance into Kindergarten, 7th Grade or an out of state transfer student. Vision evaluation is required for within 6 months prior to entrance into Kindergarten or an out of state transfer student. The cost of such physical exam and visual evaluation shall be borne by the parent or guardian of each child who is examined.

(Signature of Medical Provider)