





Springfield Platteview Community Schools  
Health Examination Form

Springfield Platteview Community Schools DO NOT provide vision or hearing screenings for incoming Preschool, Kindergarten, or 7th Grade.

**VISION SCREENING:** Corrected Y / N

**Distance:** Right Eye \_\_\_\_\_ **Near:** Right Eye \_\_\_\_\_ Amblyopia \_\_\_\_\_  
 Left Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Strabismus \_\_\_\_\_

**HEARING SCREENING:**

Audio Test : 500 1000 2000 4000 Please Check One: Pass \_\_\_\_ Fail \_\_\_\_  
 Right Ear: \_\_\_\_\_  
 Left Ear: \_\_\_\_\_

**PHYSICAL EXAMINATION**

Nebraska Law, Section 79-217, requires a physical examination at the time of school entry, at 7th grade, and for all transfer students from out of state. The physical examination must be completed within six months prior to the entrance. Exceptions may be made only if the parent or guardian submits an appropriately signed waiver informing the school that they do not wish their child to have a physical examination. **If the student is participating in sports, the physical must be completed after June 1.**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_

	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
Scalp/Skin	_____	_____	_____
Heart	_____	_____	_____
Lungs	_____	_____	_____
ENT	_____	_____	_____
Abdomen	_____	_____	_____
Musculo-skeletal	_____	_____	_____
Neurological	_____	_____	_____
Scoliosis	_____	_____	_____
Additional Comments	_____		
	_____		

What medications is this child currently taking:

	<u>Medications</u>	<u>Dose/Frequency</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

