

MILLCREEK TOWNSHIP SCHOOL DISTRICT
Notification of Required Medical Examination

Student's name _____ Homeroom _____

Dear Parent/Guardian:

The Pennsylvania School Health Law requires that children on entry to school in grades 6 & 11 have a physical examination. To date your child has not returned a private physical form to the school nurse.

The medical examination required by the School Health Act will be scheduled for your child on:

_____ at _____
In accordance with the PA School Code, I understand that a physical examination* must be completed on entry into school and in grades 6 & 11. I wish this screening examination to be done by the school physician at no cost to me.

(Date)

Parent/Guardian Signature)

This form **MUST** be returned to the School Nurse before the above date.

**Please see the other side for explanation of school physical screening examination procedure.*

(OVER)

School Physical Screening Exam

This is a non-invasive screening checking the student's eyes, ears, nose, throat, lungs, abdomen, spine, and heart. The school nurse performs student's height, weight, blood pressure, vision, and hearing screenings during the school year. Students will not be undressing but should wear a T-shirt and shorts as the spine will be examined for any signs of curvature (scoliosis). This screening in no way replaces a physical performed by your own physician; it is performed for the sole purpose of satisfying state mandated regulations.

Are there any special medical concerns or chronic diseases which require restriction of activity, medication, or which might affect his/her education? If so, please specify:

(We do not render care for any stated problems)