

**WAIVER OF PHYSICAL EXAMINATION
SCHOOL DISTRICT**

I have been told about the physical examination recommended by health professionals and required by State law. I have also been told where and how my child can receive a medical examination at no cost, if such assistance is needed.

_____ I request that my child be exempted from the physical examination requirement. My child has been in good general health and is free from all communicable disease.

Child's Name

Child's School

Grade

Parent/Guardian Signature

Date