

LAKEVIEW COMMUNITY SCHOOLS
3744 – 83RD Street
Columbus, Nebraska 68601
Phone: 402-564-8519
FAX: 402-564-5209

Dear Parent/Guardian:

Nebraska Statute 79-214 directs that the Board of Education shall require evidence of a physical examination by a qualified physician, physician's assistant, or an advanced practice registered nurse within six months prior to the entrance of a child into the beginner grade and the seventh grade. This statute also states, in the case of a transfer from out of state, to any other grade of the local school a physical examination is also required. No such physical examination shall be required of any child whose parent or guardian objects in writing. The cost of such physical examination shall be borne by the parent or guardian of each child who is examined.

Please have your physician, physician's assistant, or nurse practitioner, complete the Physical Examination Form below and return it to the school of attendance at your earliest convenience.

PHYSICAL EXAMINATION

I hereby certify that _____ has been examined
by me on _____ (date).

☐ **KINDERGARTEN** ☐ **7TH GRADE** ☐ **OUT OF STATE TRANSFER**

(Physician, please check box above to indicate the reason a physical was required.)

Examiner's Signature

_____ Unrestricted _____ Moderate _____ Restricted

Significant health problems or comments: _____

