



Northern Lehigh School District

Medical Examination Form

Dear Parent(s) / Guardian(s):

The Pennsylvania School Health Act requires a medical examination of every student entering school for **the first time in Kindergarten, Sixth grade, and Eleventh grade.**

The Law gives you a choice of having the examination done by the school physician or by your family physician at your own expense. Because your family physician has a better knowledge of the student's past physical history than the school physician and is in the best position to recommend necessary remedial treatment, and give necessary immunizations, we urge you to consider having the examination done by your family physician.

If you choose to take the student to your family physician, the attached Family Physician Report must be returned to the school by December 31st of the current school year. The private physician examination must have been completed no earlier than July 1st of the previous school year.

If the physician examination, as required through the Department of Health, is not completed and proof submitted to the appropriate school nurse, the student may be excluded from school.

If you choose to have the examination done by the school physician during the school year, you will be advised of any condition requiring the attention of your family physician.

****Please complete and sign the lower portion of the form and return to the school nurse. ****

Sincerely,

Superintendent of NLSD

(COMPLETE, SIGN, & RETURN THIS PORTION TO THE SCHOOL NURSE)

STUDENT'S NAME: _____

SCHOOL BUILDING: _____ GRADE: _____

CHOOSE ONE OF THE FOLLOWING:

_____ I CHOOSE TO HAVE THE STUDENT'S PHYSICAL EXAMINATION DONE BY MY FAMILY PHYSICIAN. Date of Exam by Family Physician: _____

_____ I CHOOSE TO HAVE THE STUDENT'S PHYSICAL EXAMINATION DONE BY THE SCHOOL PHYSICIAN AND GIVE MY PERMISSION BY SIGNING BELOW.

Parent(s) / Guardian(s) Signature Date