

ADVANCE NOTICE OF MEDICAL EXAMINATION OF PUPILS

School Health Services

Name of Pupil _____

Date: _____

Grade: _____

A medical examination of school children is required by law. You may have this examination made by your family physician, any private physician or by the school physician as you desire. You are encouraged to have this examination made by your family physician. He is familiar with your child and can undertake laboratory tests and corrections which the school physician is not authorized to perform.

If you wish to have your child is examined by your own doctor, please advise upon this form, which must be in the hands of the School Nurse within one week. Upon receipt of this notice by the nurse, she will send you an examination blank which you will take with your child to your doctor who will fill out after the medical examination. Following this you will kindly return this form promptly to the School Nurse.

Please remember that unless the examination by your physician is made and the health card properly filled out by him/her and returned to the School Nurse by _____, the school physician will examine your child.
(Date)

For your information, the examination consists of weighing and measuring, testing hearing and vision, observance of general nutrition, examination of nose and throat, teeth, skin, posture, and heart and lungs. The School Nurse is present in every case and assists in the examination. You will promptly be advised of any defects discovered by this examination, in order to insure prompt correction.

Please sign below according to your choice, and have this blank returned promptly to the School Nurse.

I wish to have the required examination made by my own physician

Signature of Parent/Guardian

Date

I wish the examination made by the school physician.

Signature of Parent/Guardian

Date