CANON-McMILLAN SCHOOL DISTRICT

PHYSICAL EXAMINATION - PERMISSION FORM

The physical exam given at the school is scheduled for: TBD March 2027

Pennsylvania state law requires that all students in first, sixth**,** and eleventh grades have physical examinations. Clinicians from Centerville Clinics will be conducting the exams for the Canon-McMillan School District.

If you wish to have the examination done by your family physician, you may do so at your own expense. A form will be sent to you for your family physician to complete. After completion of this form, please return it to the school nurse by May of the current school year**.** ***Examinations completed from March 202 through May 2027 will be accepted for the school year.***

We assume all children are basically healthy. The examination they receive at school will be a *brief* screening of the heart, lungs, and obvious problems. We would like you to provide an account of any significant medical history that has occurred **within the past two years.**

*******Please check one of the choices below and complete the form for the Nurse*******

⬜ **Yes,** I give my permission to have my child examined by the school physician.

⬜ **No**, my child will be examined by our family physician, please send form home. Due **May 2027**

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____GENDER_____

CIRCLE GRADE **1 6 11** HOMEROOM _____ FAMILY PHYSICIAN _____

	YES	NO	EXPLANATION
Any injuries	⬜	⬜	_____
Any operations	⬜	⬜	_____
Any illness requiring your child to be hospitalized	⬜	⬜	_____
Experienced dizziness, blackouts, unconsciousness	⬜	⬜	_____
Unexplained shortness of breath, chest pain, or wheezing	⬜	⬜	_____
Developed any new health problems	⬜	⬜	_____
Any health problems you want to discuss with the doctor	⬜	⬜	_____
Taking any medications	⬜	⬜	_____

The above responses are true to the best of my knowledge.

Parent/guardian signature_____ **Date** _____