

Dear Parent(s)/Guardian(s):

The Pennsylvania School Health Act requires a medical examination of every student entering school for the first time, 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 your child'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.

Please complete the lower portion of the form at this time and return to the school nurse. If you choose to take your child to your family physician, the attached Private Physician's Report must be returned to school by December 31st of the current school year. The private physical examination must have been completed no earlier than July 1st of the previous school year.

If the physical examination, as required through the Department of Health, is not completed and proof submitted to the appropriate school nurse, your child 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.

Sincerely,

Matthew J. Link
Superintendent

(Return to School Nurse)

CHILD'S NAME _____

SCHOOL: _____ GRADE: _____

_____ I CHOOSE TO HAVE MY CHILD'S PHYSICAL EXAMINATION DONE BY MY FAMILY PHYSICIAN.
Please sign below and return slip to school.

Date of exam by Family Physician: _____

_____ I CHOOSE TO HAVE MY CHILD'S PHYSICAL EXAMINATION DONE BY THE SCHOOL PHYSICIAN AND
GIVE MY PERMISSION BY SIGNING BELOW. Please sign below and return slip to school nurse.

Parent/Guardian Signature

Date