

**DIOCESE OF LINCOLN
PHYSICAL EXAMINATION REQUIREMENTS**

The Lincoln Diocesan Schools shall require evidence of a physical examination by a qualified physician within six months prior to the entrance of a child into the beginner grade and seventh grade, or in the case of a transfer from out-of-state to any other grade of the local school; provided no such examination shall be required of any child whose parent or guardian shall object thereto in writing. [cf. School Law 79-444(3) (1979)].

Name _____ School _____ Grade _____
Address _____ Age _____ Sex: M F

PHYSICAL FINDINGS

Ht: _____	Wt: _____	Cardiovascular _____
B/P _____	P: _____	Lungs _____
Vision:		Thyroid _____
w/correction		Abdomen _____
R: 20/ _____	L: 20/ _____	Neurological _____
w/o correction		Musculoskeletal:
R: 20/ _____	L: 20/ _____	Neck _____
Laboratory:		Spine _____
Hemoglobin: _____		UE _____
Urinalysis: _____		LE _____
Other: _____		Knees _____
		Feet _____
		Hernia: Yes _____ No _____

Comments: _____

Required Medication: _____

Immunizations are current: Yes _____ No _____
If no, please list what is needed _____

Immunizations given: _____

____ Student may participate in the regular program of physical education, recreation, intramurals, athletics, or related activities without undue risk or injury.

____ Student may not participate in physical education, recreation, intramurals, athletics, or related activities.

Reason: _____

Examining Physician Date

CERTIFICATION FOR INTERSCHOLASTIC ATHLETICS

After review of the medical history and as indicated by the above record, I herewith certify that this student has passed the physical examination successfully and is physically able to participate in interscholastic athletics.

Examining Physician Date