

Notice of Required Medical Examination

Under the provision of Article XIV of the Pennsylvania School Code, School Health Services, children entering Kindergarten or 1st, 6th and 9th grades are required to have Physical Exams.

We are recommending that the examination be done by your family physician since he/she can best evaluate your child's health and assist you in obtaining necessary treatments and corrections.

PLEASE CHECK ONE OF THE LINES BELOW AND RETURN THIS FORM TO THE SCHOOL NURSE BY **September 23, 2019**.

____My child has had a complete physical examination by their health care provider within the last 12 months. Name of PCP_____. Phone number of PCP_____. By signing below I give permission for the School to obtain these records from the PCP.

____I will have my child's private physician complete the required exam, and return it to the school nurse no later than **September 23, 2019**

Signature of parent/guardian

Date