

Norfolk Public Schools Physical Examination Form

7TH GRADE STUDENTS WILL NOT BE ABLE TO START THE SCHEDULE PICKUP PROCESS IN AUGUST UNTIL THE REQUIRED PAPERWORK EXPLAINED BELOW IS COMPLETED.

- **PHYSICAL** - The Nebraska state law requires a completed **PHYSICAL** signed by a doctor or a **WAIVER** signed by the parent or the guardian **PRIOR** to entering 7th grade. The physical or waiver needs to be completed & returned to school prior to schedule pick up dates or on the day of schedule pick up.
- According to NSAA athletic bylaws, a sports physical must be completed after May 1, 2026.
- **TDAP BOOSTER AND IMMUNIZATIONS**- 7th graders must have documentation of a TDAP immunization as required by the state of Nebraska .

Parents, please note these papers MUST be provided to the school. If the school does not have these papers, the student will not be able to participate in the schedule pick up process until we have received the paperwork.

Name _____ DOB _____ SEX _____ GRADE _____

Physician _____ Clinic _____ Allergies _____

Please complete prior to exam.

Do you take any supplements or vitamins to help with weight loss or weight gain? Yes ___ No ___
What do you think is your ideal weight? ___ Lowest weight last year ___ Highest weight ___
Are there any medical concerns you would like to discuss with the doctor? _____

Physical Examination

Height _____ Weight _____ Heart _____ Thyroid _____
Blood Pressure _____ Pulse _____ Lungs _____ Abdominal Organs _____
Urinalysis _____ Hemoglobin/HCT _____ Evidence of Hernia _____

Orthopedic Exam:

Neck _____ Upper Extremities _____ Spine _____
Knees _____ Lower Extremities _____ Evidence of Scoliosis _____
Feet _____ Mouth _____ Dental cavities needing treatment _____

Vision Screening:

OD _____ OS _____
With glasses OD _____ OS _____

Audiometric Screening Report

1000 2000 4000
RE _____
LE _____

Immunizations: Seventh grade students are required to have a Tdap booster. Please list the dates of updated vaccinations.

TDAP _____ Varicella #1 _____ #2 _____ or Date of disease _____

Other immunizations (These are not required by state law but may be administered per your doctor's advice.)

HPV _____ Meningococcal _____ Hepatitis A _____

Medical health problems: History of heat stroke/ exhaustion_____ Heart murmur ____
Seizures_____ High blood pressure_____ Diabetes_____ Sickle Cell Disease_____
Abnormal bleeding_____ Hepatitis_____ History of loss of consciousness/head injury_____

Asthma Yes_____ No_____ Treatment_____

Required medication on a daily or episodic routine: _____

Physical Activity: Unrestricted_____ Modifications or Exceptions_____

Remarks and suggestions

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities, EXCEPT THOSE CROSSED OUT.

FOOTBALL TRACK BASKETBALL VOLLEYBALL CROSS COUNTRY WRESTLING

Date _____ Print Physician Name _____

Physician Signature _____

Physical Waiver

Please fill out the section below **ONLY** if you wish to **WAIVER** the physical. This must be signed by the parent or guardian.

As the Parent/Guardian of _____ Birthdate_____ Grade_____

I do not wish that my child have a physical examination.

Signature

Date