

**GATEWAY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT
PARENTAL CHOICE FOR PHYSICAL EXAMINATION**

Dear Parents:

Pennsylvania State Law requires that physical examinations be completed on all children upon entrance to school (K or first) and in grades six and eleven. In addition, children transferred from other school districts must be examined, regardless of age or grade level, if an adequate health record is not made available by the previous school. Our records indicate that your child, _____, does not have a medical examination report on file.

The requirements of the School Health Act may be met by having the physical examination done by either your family physician, at your expense, or by the school physician. Physical exams will be scheduled at school within the near future. To assist us in planning, will you please indicate your choice and return this form to your child's school nurse as soon as possible.

Thank you for your cooperation.

Sincerely,

School Nurse

PLEASE RETURN THIS PORTION

Child's Name: _____

_____ My child will be seen by our private physician.
I will return the private physician examination report to the school nurse as soon as possible.

_____ Please schedule my child for his/her physical examination at school.

Parent's Signature

Date

List any special conditions you wish to call to the attention of the examining physician:

