

Nebraska Law requires a physical examination prior to entrance into kindergarten, 7th grade, and all students transferring into the State of Nebraska.

Name of Student (Last / First / Middle)	Birthdate	Age	Grade	School
Name of Parent/Guardian		Address		Phone / Cell Number
Family Provider	City	Family Dentist	City	

IMMUNIZATIONS

DtaP / DTP/Tdap / DT/Td	#1 _____	#2 _____	#3 _____	#4 _____	#5 _____	#6 _____
Polio (IPV/OPV)	#1 _____	#2 _____	#3 _____	#4 _____	#5 _____	
HIB	#1 _____	#2 _____	#3 _____	#4 _____		
PCV/Prevnar	#1 _____	#2 _____	#3 _____	#4 _____		
MMR / MMRV	#1 _____	#2 _____				
Hepatitis B (Hep B or HBV)	#1 _____	#2 _____	#3 _____	#4 _____		
Hepatitis A	#1 _____	#2 _____	Menactra (Meningitis Vaccine)		#1 _____	#2 _____
Rota Teq (Rota Virus Vaccine)	#1 _____	#2 _____	#3 _____			
Varicella (Chickenpox Vaccine)	#1 _____	#2 _____	Year of Chickenpox Disease		_____	
HPV/Gardasil (Females Only)	#1 _____	#2 _____	#3 _____			

Other Immunizations _____

HEALTH HISTORY (Please check Yes or No for each)

Bowel / Bladder Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meds _____
Kidney Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma Action Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meds _____
ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meds	_____	
Allergy to meds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain Reaction	_____	
Allergy to food	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain Reaction	_____	
Other allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain Reaction	_____	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meds	_____	
Seizures/Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain / Meds	_____	
Concussions / Dates	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain / Meds	_____	
Additional Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain / Meds	_____	
Family History of Early Cardiac Death		Explain	_____	
Psychiatric/Behavior/Emotional Concerns		Explain	_____	
Surgery / Dates	Explain _____			
Other Health Problems	Explain _____			
Additional Information	_____			

I verify that the above information is correct to the best of my knowledge.

Parent / Guardian Signature

Date

Name of Student (Last / First / Middle)

Grade

School

PHYSICAL EXAMINATION

(to be completed by a physician, physician's assistant, or nurse practitioner)

Height _____ Neck _____ Mouth/Teeth _____
 Weight _____ Lungs _____ Abdomen _____
 BP _____ Eyes _____ Spine _____
 Pulse _____ Ears _____ Scoliosis _____
 Heart _____ Skin _____ Extremities _____
 Urinalysis results _____ Hgb/Hct results _____

Hearing Test (please circle) Normal / Abnormal

Left Ear	Right Ear	Hz
dB	dB	500
dB	dB	1000
dB	dB	2000
dB	dB	400

Comments _____

List any additional information regarding this student that may affect safety or optimal performance in school: _____

A School Vision Evaluation is required for all children within six months prior to entering Nebraska schools for the first time (includes beginner grades including Kindergarteners, transfers, and other students new to Nebraska) [NE revised Statute 79-214]

Vision Test (please circle) Normal / Abnormal

Required Tests	Pass	Fail	Recommendations	Vision	Glasses / Contacts / Neither
Amblyopia				Right eye @ Far (20')	20 / _____ aided / unaided
Strabismus				Left eye @ Far (20')	20 / _____ aided / unaided
Internal Eye Health					
External Eye Health				Right eye @ Near (16")	20 / _____ aided / unaided
Visual Acuity				Left eye @ Near (16")	20 / _____ aided / unaided

Provider's Signature _____ Date _____

DENTAL EXAMINATION (optional)

Is oral hygiene adequate Yes / No Number of fillings present _____ Number of restorations needed _____

Recommendations: _____

Dentist's Signature _____ Date _____

WAIVER of PHYSICAL and/or VISION EXAMINATION

I, the parent/guardian of _____ do not feel it necessary for he/she to
Name of Child
 a physical and/or vision examination and therefore exercise my right to waive his/her physical and/or vision examination.

Parent/Guardian Signature _____ Date _____

Summary of the School Immunization Rules and Regulations

Student Age Group	Required Vaccines
Ages 2 through 5 years enrolled in a school based program not licensed as a child care provider	<p>4 doses of DTaP, DTP, or DT vaccine</p> <p>3 doses of Polio vaccine</p> <p>3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age</p> <p>3 doses of pediatric Hepatitis B vaccine</p> <p>1 dose of MMR or MMRV given on or after 12 months of age</p> <p>1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted.</p> <p>4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age</p>
Students entering school (Kindergarten or 1 st Grade depending on the school district's entering grade)	<p>3 doses of DTaP, DTP, DT, or Td vaccine, one given on or after the 4th birthday</p> <p>3 doses of Polio vaccine</p> <p>3 doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age</p> <p>2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month</p> <p>2 doses of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. If the child has had varicella disease, they do not need any varicella shots.</p>
Students entering 7 th grade	<p>Must be current with the above vaccinations</p> <p>AND receive</p> <p>1 dose of Tdap (contain Pertussis booster)</p>
Students transferring from outside the state at any grade	<p>Must be immunized appropriately according to the grade entered.</p>

Source: Nebraska Immunization Program, Nebraska Department of Health and Human Services. . For additional information, call 402-471-6423.

The School Rules & Regulations are available on the internet: http://dhhs.ne.gov/Pages/reg_t173.aspx (Title 173: Control of Communicable Diseases - Chapter 3; revised and implemented 2011)

Updated 01/26/2018