

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 _____
 RotaTeq (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 Yes No Asthma Yes No Meds _____
 Kidney Problems Yes No Asthma Action Plan Yes No
 Hearing Loss Yes No Diabetes Yes No Meds _____
 ADHD Yes No Meds _____
 Allergy to meds Yes No Explain Reaction _____
 Allergy to food Yes No Explain Reaction _____
 Other allergies Yes No Explain Reaction _____
 Diabetes Yes No Meds _____
 Seizures/Convulsions Yes No Explain / Meds _____
 Concussions / Dates Yes No Explain / Meds _____
 Additional Medications Yes 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 _____

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