Nebraska Department of Health and Human Services

Department of Health and Human Services

Certification of Physical Examination

Name of School (if desired)

The school board shall require evidence of (a) physical examination by a physician, a physician assistant, or an advanced practice registered nurse…within six months prior to the entrance of a child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade of the local school; and (b) for school year 2006-6007 and each school year thereafter, a visual evaluation by a physician, physician assistant, an advanced practice registered nurse, or an optometrist within six months prior to the entrance of a child into the beginner grade or, in the case of a transfer from out of state, to any other grade of the local school, with consists of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity, except that no such physical examination shall be required of any child whose parent or guardian objects in writing. The cost of such physical examination and visual evaluation shall be borne b the parent or guardian of each child who is examined. Nebraska Revised Statutes 79-214 (excerpt).

A printed or typewritten form signed by a licensed physician, physician assistant, or nurse practitioner indicating that a physical examination was administered on a specific date within the previous six-month period on a specifically named individual constitutes sufficient evidence of a physical examination by a qualified examiner. Nebraska Administrative Code Title 173 Chapter 3 Section 3-006 (rev. 2/7/04).

Student Name	School		Grade
Student Address	Zip	Age	Sex: ☐ M ☐ F
Physician Name			

PART I: By signing below, the qualified medical examiner (physician, physician assistant, advanced practice registered nurse) certifies that the student specified received a complete physical examination, as required by Nebraska Revised Statute 79-214, for entry into school at the beginner grade (Kindergarten or 1st grade), seventh grade, or out-of-state transfer to any grade.

Date of Physical Examination:_____

_____ _____

Signature of Medical Examiner | Printed Name of Medical Examiner

Visual Evaluation Completed: ☐ Yes ☐ No

If yes: provide report:

Visual Evaluation Report	PASS	FAIL	Recommend Further Evaluation
Amblyopia	☐	☐	☐
Strabismus	☐	☐	☐
Internal Eye Health	☐	☐	☐
External Eye Health	☐	☐	☐
Visual Acuity	☐	☐	☐

20 feet: Right 20/__ Left 20/__ with/without glasses

16 inches: Right 20/__ Left 20/__ with/without glasses

PART II: As parent/guardian of the student named above, I consent for the release of this information to:

_____

Name of School

_____ _____

Parent/guardian signature | Date

_____

Printed Name/Relationship to Student

Examiner Address or Clinic Stamp:

Print Reset