## DIOCESE OF LINCOLN PHYSICAL EXAMINATION REQUIREMENTS

The Lincoln Diocesan Schools shall require evidence of a physical examination by a qualified physician 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; provided no such examination shall be quired of any child whose parent or guardian shall object thereto in writing. [cf. School Law 79-214(3) (1998)].

Each student participating in interscholastic athletics is required to have a complete physical examination to be given after May 1 of each year. This certifies that the athlete is qualified for the entire school year, May 1 through the following closing day of school, or the current school year.

Address	\$ 14 d 1/2 / A					Grade		
				Age	Sex:	M	F	
		PHYSI	CAL FINDINGS					
Ht:	Wt:	·	Cardiovascular_	1000				
			Lungs		<u> </u>			
B/P:	P:		Thyroid					
			Abdomen					
Vision:			Neurological					
w/correction			Musculoskeletal:					
R: 20/_	_ L: 2	20/	Neck					
w/o correction			Spine					
R: 20/	_ L: 2	20/	UE					
Laboratory:	1 4 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		LE					
Hemoglobin:_		- total	Knees					
Urinalysis:			Feet					
			Hernia: Yes					
				100 May				
Required Medica	ation:							
	re current:							
If no, ple	ase list what is r	needed						
_	_							
immunizations g	given:							
Student may no		ducation, recreation, is	cation, recreation, intramurals, ntramurals, athletics, or related		ies without undue	risk or in	jury.	
			M.D.					
<del> </del>	Examining P	hysician		Date	,			
	C	ERTIFICATION FO	R INTERSCHOLASTIC ATI	HLETICS				
		by the above record,	I herewith certify that this stud		l examination suc	cessfully a	and i	

M.D.

Date

Revised 7-29-99

**Examining Physician**