

Hempfield School District
Landisville, PA 17538

Dear Parent/Guardian:

The state of Pennsylvania requires all school-age children to have physical examinations upon entry into school, grade six, and grade eleven. Transfer students, as well as students with incomplete health records, will be required to have a physical recorded.

This private physical examination may be completed within the twelve months before school starts, or during the first year in school for "entrance to school" physical exams. For the exam required in grade 6, the physical may be done in the year prior to entering grade 6 (grade 5) or during grade six. For the exam required in grade 11, the physical may be done in the year prior to entering grade 11 (grade 10) or during grade eleven. This allows for more flexibility in meeting the state requirement.

Your family physician should use the form attached to this letter to record the results of your child's physical examination and to record any updated immunizations. The family physician's examination is done at your expense.

The school physician will examine your child at school if you prefer and so indicate below. However, the school physician cannot provide immunizations. If any immunizations are required, arrangements to receive them should be made with your child's physician or at a local immunization clinic.

Any questions regarding the required physical examinations should be directed to the nurse in your child's building. Thank you for your cooperation and attention to this important matter.

Sincerely,

School Nurse



Please complete below and RETURN THIS FORM TO YOUR CHILD'S SCHOOL NURSE indicating whether your family physician will provide the physical exam or if you would like the school physician to provide the physical exam.

Please RETURN the attached physical form as soon as your child's physician completes it.

My child will have a physical examination by our family physician. I will return the physical examination form to the school nurse as soon as it is completed.

I prefer the school physician to examine my child.

Student's Name (please print)

Parent/Guardian Signature

Date

