

Bloomsburg Area School District

<http://bloomsburgasd.schoolwires.com>

Bloomsburg Area High School
1200 Railroad Street
Bloomsburg, Pennsylvania 17815-3699
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Daniel P. Bonomo, Principal
Stephen D. Bressi, Assistant Principal

PERMISSION TO DO PHYSICAL EXAM AT SCHOOL

If you would like your child's state mandated physical exam done by the school physician, please read the following information and sign and return this form to your child's school.

According to the Public School Code, the physical examination may include assessment of the following:

- Skin
- Eyes, ears, nose, throat, teeth, and gingiva
- Neck, chest, lungs
- Abdomen
- Genitalia (male)
- Neuromuscular and skeletal system
- Cardiovascular system

Physical exams will be scheduled in the near future at the convenience of the school physician. We have not yet been notified of exact dates. If you would like to be present for your child's physical examination, please indicate by checking the box below.

☐ I wish to be present for my child's examination. I understand that I will be notified of the specific date and time.

☐ I will not be present for my child's exam, but would like to call the physician's attention to the following:

I have read the above information and give my permission to have my child examined by the school physician.

Student's name: _____

Parent/Guardian Signature: _____

Date: _____