



PHYSICAL and DENTAL EXAMINATIONS

To The Parent or Guardian:

In accordance with the school Health Act, your child must have a physical examination upon original entry, 6th grade, and 11th grade. Your child must also have a dental examination upon original entry, 3rd grade, and 7th grade. These examinations must be performed by practitioners in Pennsylvania.

You are encouraged to have your family doctor and dentist perform these examinations. Attached are forms you can take to your family doctor and/or dentist. If this is impossible, arrangements can be made at your child's school for the school physician and/or school dentist to perform the examination(s) during the school term. You will be notified of the date and time of the examination(s).

Please indicate below whether you will have these examinations done privately or if you desire that one or both examinations take place at your child's school.

Pupil's Name: _____

Date: _____

School: _____

Physical Examination:

- ☐ My child's physical examination will be performed by _____
Physician's name
and I will return the Private Physician's Report to my child's school
- ☐ Please have my child's physical examination performed by the school doctor

Dental Examination:

- ☐ My child's dental examination will be (was) performed by _____
Dentist's name
and I will obtain a letter to that effect and return it to my child's school
- ☐ Please have my child's dental examination performed by the school dentist

Signature of Parent/Guardian: