



ADMINISTRATIVE OFFICES

800 PINE STREET
EMMAUS, PA 18049
610-966-8300

2020-2021 School Year

Dear Parent(s)/Guardian(s):

The Pennsylvania School Health Act requires a physical examination of every student entering school for the first time, in sixth grade and eleventh grade. A student entering the district from out of state or from another district will be required to submit an exam to meet this requirement.

You may choose to have the examination done by the school doctor at no cost to you, or by your family health care provider at your own expense. Your family health care provider has a better knowledge of your child's past physical history and is in the best position to recommend necessary immunizations, tests or treatments.

If you choose to take your child to your family health care provider, any exam dated on or after **JULY 1, 2019** is acceptable. The attached Private Physical Examination Report must be completed by the health care provider and returned to the school by **SEPTEMBER 30, 2020**.

If you choose to have the examination done by the school physician, you will be notified of the specific date and time by the school nurse. Please be aware that you will be required to bring your child to a central location in the district on a Saturday morning for this examination. Examination for female genitalia will **not** be conducted as part of the school exam.

If the physical examination is not completed and proof submitted to the appropriate school nurse, OR you do not give written permission for your child to see the school physician, your child may be excluded from school.

Please fill out the lower portion of the form at this time showing your choice, and return the form to the school nurse.

Sincerely,

Thomas P. Mirabella, Ed.D.
Director of Student Services

(Return to school nurse **immediately**)

CHILD'S NAME: _____

SCHOOL: _____

GRADE: _____

_____ **I CHOOSE TO HAVE MY CHILD'S PHYSICAL EXAMINATION DONE BY MY FAMILY PHYSICIAN.**
Please sign below and return slip to school nurse.

Date of exam by Family Health Care Provider: _____

_____ **I CHOOSE TO HAVE MY CHILD'S PHYSICAL EXAMINATION DONE BY THE SCHOOL PHYSICIAN AND GIVE MY PERMISSION BY SIGNING BELOW.**
Please sign below and return slip to school nurse.

Parent(s)/Guardian(s) Signature

Date