

EAST PENN SCHOOL DISTRICT,
District Administration, 800 Pine Street, Emmaus, PA 18049
610 - 966-8300

Dear Parent(s)/Guardian(s):

The Pennsylvania School Health Act requires a medical examination of every student entering school for the first time, sixth grade and eleventh grade. Please be aware that the examination for female genitalia will not be conducted as part of the school exam. The examination of genitalia for males, however, will occur.

The Law gives you a choice of having the examination done by the school physician at no cost to you, or by your family physician at your own expense. Because your family physician has a better knowledge of your child's past physical history than the school physician and is in the best position to recommend necessary remedial treatment and give necessary immunizations, we urge you to consider having the examination done by your family physician.

Please complete the lower portion of the form at this time and return to the school nurse.

If you choose to take your child to your family physician, the attached Private Physician's Report must be returned to school by **SEPTEMBER 30th of the school year in which it is due**. An examination done within one calendar year before the start of the school year will meet this requirement.

If the physical examination, as required through the Department of Health, is not completed and proof submitted to the appropriate school nurse, your child may be excluded from school.

If you choose to have the examination done by the school physician during the school year, you will be advised of any condition requiring the attention of your family physician.

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 Physician: _____

_____ **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