

2026/2027 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 a brief physical examination done by the school health provider at no cost to you, or by your family health care provider at your own expense. The examination at the school is brief and is not recommended as a replacement of a yearly physical or Well Child Check completed at your Primary Care Office.

Please note it is recommended by both LVHN and the American Academy of Pediatrics PA Chapter that all students receive a Well Child Check from their Primary Care Provider every year which allows for more extensive time with you and your child. These Well Child Checks allow for proper yearly screenings to be done such as assessing developmental milestones, nutritional needs, mental health, need for diagnostic testing or treatments, vaccination review and administration.

If you choose to take your child to your family health care provider, any exam dated on or after **JULY 1, 2025** is acceptable. The attached Private Physical Examination Report must be completed by the health care provider and returned to the school by **SEPTEMBER 30, 2026**.

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. 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

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(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 the slip to the 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 the slip to the school nurse.

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Parent(s)/Guardian(s) Signature

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Date