

**DIOCESE OF LINCOLN  
PHYSICAL EXAMINATION REQUIREMENTS**

The Lincoln Diocesan Schools shall require evidence of a physical examination by a qualified physician within six months prior to the entrance of a child into the beginner grade and the seventh grade, or in the case of a transfer from out-of-state to any other grade of the local school; provided no such examination shall be required of any child whose parent or guardian shall object thereto in writing. [cf. School Law 79-214(3) (1998)].

Each student participating in interscholastic athletics is required to have a complete physical examination to be given after May 1 of each year. This certifies that the athlete is qualified for the entire school year, May 1 through the following closing day of school, or the current school year.

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

**PHYSICAL FINDINGS**

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

B/P: \_\_\_\_\_ P: \_\_\_\_\_

Vision:

w/correction

R: 20/\_\_\_\_ L: 20/\_\_\_\_

w/o correction

R: 20/\_\_\_\_ L: 20/\_\_\_\_

Laboratory: \_\_\_\_\_

Hemoglobin: \_\_\_\_\_

Urinalysis: \_\_\_\_\_

Other: \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Lungs \_\_\_\_\_

Thyroid \_\_\_\_\_

Abdomen \_\_\_\_\_

Neurological \_\_\_\_\_

Musculoskeletal:

Neck \_\_\_\_\_

Spine \_\_\_\_\_

UE \_\_\_\_\_

LE \_\_\_\_\_

Knees \_\_\_\_\_

Feet \_\_\_\_\_

Hernia: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

Required Medication: \_\_\_\_\_

Immunizations are current: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please list what is needed \_\_\_\_\_

Immunizations given: \_\_\_\_\_

Student may participate in the regular program of physical education, recreation, intramurals, athletics, or related activities without undue risk or injury.

Student may not participate in physical education, recreation, intramurals, athletics, or related activities.

Reason: \_\_\_\_\_

\_\_\_\_\_ M.D. \_\_\_\_\_  
Examining Physician Date

**CERTIFICATION FOR INTERSCHOLASTIC ATHLETICS**

After review of the medical history and as indicated by the above record, I herewith certify that this student has passed the physical examination successfully and is physically able to participate in interscholastic athletics.

\_\_\_\_\_ M.D. \_\_\_\_\_  
Examining Physician Date