



Lincoln Public Schools

Department of Student Services • 5901 O Street • Lincoln NE 68510 • (402) 436-1688 • (Fax) 436-1686

HS0023
Rev. 2/07

WAIVER OF PHYSICAL EXAMINATION Health Services Department Lincoln Public Schools

PARENT NOTICE REGARDING PHYSICAL EXAMINATION REQUIREMENTS

The Board of Education shall require evidence of a physical examination by a physician, a physician assistant, or an advanced practice registered nurse within six months prior to the entrance of a child into the beginner grade or the seventh grade or in the case of a transfer from out of state to any other grade. No such examination shall be required of any child whose parent or guardian objects in writing. School Law 79-214(3). The law provides that the cost of such physical examination shall be borne by the parent or guardian.

As the parent/guardian of _____
Name *ID#*

School *Grade*

I object to the required physical examination as legislated in NRS 79-214 (3).

I understand provisions in the law will waive the requirement for this examination by my signed statement.

Signature of Parent/Guardian

Date

Comments: _____

To comply with NRS 79-214(3), please sign this waiver form and return to the School Health Office. Thank you.
(Form to be filed in student's permanent school record.)