

**WEST CHESTER AREA SCHOOL DISTRICT  
HEALTH EXAMINATIONS**

To Parents/Guardians:

Physical examinations are required of children entering kindergarten and/or 1<sup>st</sup>, 6<sup>th</sup>, and 11<sup>th</sup> grades and students transferring from out of state pursuant to **Article XIV, School Health Services, of the Public School Code and concomitant regulations, 28 Pa. Code 23.1-23.87, Health Services.**

It is recommended that your Health Care Provider give your child a complete physical examination since he/she can best evaluate your child's health and assist you in obtaining necessary treatment, correction and/or immunizations.

Proof of a physical examination done out of school for any purpose may be used to meet the state requirement. Camp, sport physicals, and driver's license physicals are acceptable.

Your child needs a physical examination for this school year. Attached for your convenience is the form to be filled out by your Health Care Provider. It is **IMPORTANT** that your Health Care Provider complete the attached form, including **updated immunization** information. We ask that you keep a copy of this exam for your records.

If you are unable to have private exam done, we are able to provide a physical conducted by our school consulting physician. Written permission is needed. No immunizations or treatments are done at this exam.

**Proof of exam or written permission for school exam are due 60 days from school entry. Failure to comply will risk exclusion from school.**

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**PLEASE RETURN TO THE SCHOOL NURSE**

Student \_\_\_\_\_ Grade \_\_\_\_\_ HR # \_\_\_\_\_

- I have enclosed my child's private exam.
- Please have the school Health Care Provider perform this examination which **will include** a hernia/testicle examination on male students, but **will not include** either a breast or genital examination on the female students

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature