



CROFTON COMMUNITY SCHOOL

PO Box 429, North Highway 121
Crofton, Nebraska 68730
Jr./Sr. High (402) 388-2440 Elementary (402) 388-4357
FAX # (402) 388-4265

CHRIS LOOK
Superintendent

JOHNNIE OSTERMEYER
Secondary Principal

MARK WRAGGE
Elementary Principal

PHYSICAL EXAMINATION

Name of Student _____ Date of Birth _____

Parent or Guardian _____

Height _____ Weight _____ BP _____ Pulse _____

General Appearance _____ Heart (rate rhythm) _____

Spine/Scoliosis _____ Lungs _____

Abdomen _____ Mouth/Teeth _____

Eyes / Ear / Nose / Throat _____

Musculoskeletal _____ Neck _____

Lymph Nodes _____ Hernia _____

Skin / Scalp _____ Neurological _____

Comments / Chronic Conditions: _____

Please include a care plan / action plan for any chronic health conditions such as allergies, asthma, diabetes, seizures, anaphylaxis, heart disease, epilepsy, kidney, physical handicap, etc. Thank you

I hereby certify that _____ has been examined by me
and may participate in **unrestricted or restricted** physical activities.

(Circle one)

Restricted activities: _____

Physician's signature _____ Date _____

A School Physical Evaluation is required for all children **within six months prior to entering** Nebraska schools for the first time (includes beginner grades including Kindergarteners, transfers, and other students new to Nebraska) [Nebraska Revised Statute 79-214]