

MEDICAL EXAMINATIONS



Dear Parent / Guardian:

The School Health Code of Pennsylvania requires a MEDICAL EXAMINATION of all children in the Sixth Grade.

You may elect to have this exam done by school physician. This exam will be done during the school year at a time that is convenient for your child, the Doctor and the school calendar. If you wish, you may be present for this exam. There is no fee for this exam.

If you chose to have the exam done by your family doctor, the exam must be reported on the attached Private Physician Report Form. An examination is acceptable if it has been done eight months prior to the beginning of the school year.

Please complete the consent form below and return it to the School Health Office. If you have any questions or concerns, please feel free to contact the health office at 412-824-8950.

Respectfully,
Beverly Burgess RN
Logan Middle School Nurse

CONSENT FOR MEDICAL EXAMINATION

CHILD'S NAME _____

____ I request that the MEDICAL exam be done by the school doctor during the school year.

____ The Medical exam will be done by our family doctor and the attached form will be completed and returned to the school health office.

Parent Signature

Date