

This form due by: _____

**SCHUYLL VALLEY SCHOOL DISTRICT
HEALTH SERVICES**

MEDICAL EXAMINATION CHOICE FORM

Student's Name _____

Grade _____

A medical examination is required for all students when entering school, kindergarten or first grade, in grades six and eleven, and students from out of state.

Parents are given a choice of having the required examination completed privately or by the school physician. Medical forms will be sent to the parent of the examination is to be completed privately. Kindly indicate your choice below and return this form to the school within one week.

MEDICAL EXAMINATION

School Physician _____ Private Physician _____

If the examination is to be done by a private physician, the private medical form must be returned to the school nurse before May 25, 2012.

Parent's Signature _____ Date _____