



Donegal School District

Administrative Office
1051 Koser Road
Mount Joy, PA 17552
(717) 653-1447 FAX (717) 492-1350
www.donegal.k12.pa.us

Dear Parent/Guardian:

The State of Pennsylvania requires all school age children to have periodic physical examinations as follows: **28 PA Code 23.2(a)* states "Medical examinations...shall be provided on original entry into school, in grade six and in grade 11."** Transfer students, as well as students with incomplete health records, shall be required to have a physical examination.

As a result of our discussions with the school physician, we feel a family physician can best evaluate a child's health, provide a more extensive examination, and assist you in obtaining any necessary treatment or correction.

The family physician's examination of your child may be completed during the summer or any time within one year prior to the start of the school year, using the form attached to this letter. The family physician's examination is done at your expense.

If you prefer, the school will provide a school physician's examination of your child at school district expense. Your consent is required for the school examination to be performed. The school nurse will be present for all examinations. You are also invited to be present during your child's exam. The school physician may require the removal of sufficient clothing for this examination. According to the Public School Code, the physical examination may include assessment of the following: Skin; Eyes, Ears, Nose and Mouth; Teeth, Gingiva and Throat; Neck, Chest and Lungs; Abdomen; Neuromuscular and Skeletal Systems; Cardiovascular Systems; Genitalia (male).

Please return this letter by September 30. Please contact your school nurse with any questions.

DHS: Donna Stadel 492-1212 DJH: Patti Boylston-Lytle 928-2912
DIS: Heidi Stewart 426-2552 DPS: Patti Boylston-Lytle 492-1330

Please check one:

***The exam may be completed within one year prior to the start of the school year.

_____ My family physician has examined my child and completed the form attached to this letter.

_____ I prefer the school physician examine my child.

_____ I would like to be present for the school physical exam.

Student's name

Grade

Parent's signature

Date