WEST MIFFLIN AREA SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Dear Parent or Guardian,

The School Health Laws of Pennsylvania require **physical examinations** of all students in Kindergarten and promotion to 6th and 11th grades and **dental examinations** in Kindergarten and promotion to 3rd and 7th grades. *Regardless of the current grade, when the health records received from the previous school indicate your child has NOT had the most recently required physical/dental exam, an exam WILL need to be completed.*

These examinations may be done by your family physician/dentist at your expense, or may be completed by the school physician/school dentist at the expense of the school district. *If you choose to have school exams completed and wish to be present, please contact the school nurse and you will be notified of the date/time of the exams.*

Please indicate below how you intend to meet this requirement if an exam is needed. If you prefer your own physician/dentist, an exam form will be provided.

Thank you for your cooperation.
West Mifflin Area School District Nursing Staff

Student_____ School_____ Grade_____

_____ I will have the **PHYSICAL** examination provided by my family physician and have the information forwarded to the school.

_____ I grant permission for my child to have a **PHYSICAL** examination done at school by the school physician (the school nurse will be present during the exam).

_____ _____
Signature of Parent or Guardian ***Date***

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