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## PHYSICAL EXAM

If you would like the school physician to perform a physical examination at school on your child, please complete the section below and return this form to the nurse. Your child will receive a notification of the date and time.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

I \_\_\_\_\_ (Parent/guardian), give permission for Dr. Lambert, the  
School Physician, to perform a sports physical examination on my child .