



# 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 eleven."** 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 the school district's 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 contact your school nurse with any questions.

**DHS:** 492-1212      **DJH:** 928-2912  
**DIS:** 426-2552      **DPS:** 492-1330

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Please check one:

My family physician has examined my child and completed the attached form.

I prefer that the school physician examine my child.

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

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Student's Name

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Grade

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Parent's Signature

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Date