## PHYSICAL EXAM LETTER

Student Name	Birthdate	School	Grade
School Nurse		Phone Number	Date
Dear Parent/Guardian	:		
requirement for school grade entry all student child has had a physic the physical exam due performed earlier than first grade entry. We re-	g this letter because your child of entry. The state of California its must have either a document all exam for school or have a verto personal beliefs. In addition in March of the year entering known and that the physical but is receiving his/her required in	a requires that by 90 days at signed by a doctor stating waiver signed by the parer on, this exam must not have indergarten, or 18 months be completed prior to kind	of first ng that the nt refusing we been prior to
Your child has reason:	not met the physical exam re-	quirement due to the follo	wing
( ) No evidence	ce of physical exam in school:	records	
( ) Physical ex above.	cam in school records is outsic	le the acceptable time fran	ne stated
() Your child received.	will be excluded as of	if physical exam	is not
certain range establish Program (CHDP). Ple	igible for a free health exam intended by the State of California (ase contact the CHDP office at your child's school for assist	Child Health Disability Pr at 473-4269 for more info	evention rmation or