Fort Cherry School District

110 Fort Cherry Road
McDonald, PA 15057
724.796.1551 *phone*/724.356.2769 *fax*

The children are the focus…working together is the method.

NOTICE: Physical required this upcoming school year!

*The Pennsylvania Public School Code Section 1402. Health Services requires that students **upon original entry, sixth grade and 11th grade** be given a "comprehensive appraisal" of their health. In addition, Section 1402(c) requires the completion of medical questionnaires which are to become part of the student's health record.*

There are three options available for fulfilling this requirement:

- A private physical completed by your family primary care provider (MD, DO, CRNP, PA). The PA physical form can be found on the Fort Cherry website and is included in this packet.
- A school physical completed by our school physician free of charge on the scheduled physical day (TBD). If you select this option, an email will be sent once a date has been confirmed. No further communication related to the school physician will be sent unless you choose this option. If your student participated in the school physician day for the 2025/2026 school year, this physical has already been counted as their 11th grade physical.
- A sports physical conducted over the summer by our school physician. Mr. Scarpone will provide more information, but if your student participates in this, I can accept copies of these physicals.

The physical is to be completed within 1 year prior to the start of the school year. For the exam to count for the 2026-2027 school year, the exam shall be dated no earlier than **July 1, 2025**.

Please fill out the bottom portion of this form and return it by the first day of school if you did not already return one last school year.

Thank you,

Katie Dunleavy BSN, RN, CSN
Jr./Sr. High School Nurse
P (724) 796 1551, Ext. 3004
F (724) 356 2769, Attn. HS Nurse
kdunleavy@fortcherry.org

Student name: _____ Grade:_____ Date:_____

☐ I choose to take my child to **my own doctor**.

☐ I want my child to be examined by the **school doctor**.

Parent/guardian name: _____

Parent/guardian signature: _____