

**EFFECTIVE 2/5/13 NEBRASKA DEPARTMENT OF HEALTH AND HUMAN
SERVICES 173 NAC 7**

OPERATIVE 7/1/14

**CHAPTER 7 SCHOOL HEALTH SCREENING, PHYSICAL EXAMINATION, AND
VISUAL EVALUATION**

7-003 WHO MUST BE SCREENED

7-003.01 Minimum Required School Health Screening Schedule: The Department prescribes a schedule for screenings based on current medical and public health practice. See Attachment 1 for specific screenings required for child according to school grade level.

7-003.02 Exception: *A child is not required to submit to school health screening if his or her parent or guardian provides school authorities with a statement signed by a physician, physician assistant, or an advanced practice registered nurse-nurse practitioner practicing under and in accordance with his or her respective credentialing act or other qualified provider as identified by DHHS in rules and regulations adopted pursuant to Neb. Rev. Stat. § 79-249, and found in 7-005.01C2 of these regulations, stating that such child has undergone such required screening within the last six months preceding the school's scheduled health screening. A child must submit to any required screening at school for which such a statement is not received.*

The parent/guardian of _____
(name of child)

is requesting the school health screenings required by Nebraska 173 NAC 7 as noted above be done by a physician (M.D. or O.D.), physician assistant, or an advanced practice registered nurse-nurse practitioner instead of in the school setting.

Please provide a statement that the above named child has undergone such required screening withing the last six months preceding the school's schedule health screening.

(Parent/guardian signature)

(Date)