

## Information About Physical Exams

Dear Parent(s) and Guardian(s):

Tazewell County Public Schools has expanded health care services in our school district to include screening physical exams. These exams are convenient, affordable and voluntary. In order for an exam to be done on your child, parental permission is required. These exams will be done at your child's school by a licensed nurse practitioner, under the supervision of a physician, throughout the school year. You will receive further information prior to the scheduled day of the screening physical exam.

All screening physical exams include a complete head to toe exam, a medical history, growth and development assessment, nutritional assessment, vision, hearing, dip-stick urine test for protein and glucose and finger-stick hemoglobin test as indicated.

\*EPSDT (well child) screening examinations are available to your child through the "lunch price system." If your child receives Medicaid/Famis Plus or Famis (as a primary insurance), regardless of his or her lunch status, we will bill Medicaid/Famis Plus or Famis if you want us to. If your child does not have Medicaid/Famis Plus or Famis, see the scale below.

(\*EPSDT physicals are NOT sports physicals)

Child's Lunch Status	Cost of Exam
Full Price	38.00
Reduced Price	19.00
Free	9.50

\*\*If your child has Medicaid/Famis Plus or Famis and you want us to bill Medicaid/Famis Plus or Famis for the physical exam, do NOT send money!!

\_\_\*\* Entrance physicals for 4-year-old program, Kindergarten or New Students, are done for a fee of 38.00. If a child requires further testing or immunizations, he/she will be referred to the Health Department or a local Health Care Provider.

All money collected from screening physical exams will be used to maintain the school health services in all schools.

If you have questions, please call the School Health Services office at (276) 988-6980.

Please be sure to sign this form if you want your child to have a screening physical exam at school this year. If your child has Medicaid/Famis Plus or Famis and you want us to bill Medicaid/Famis Plus or Famis for the physical exam, also sign the Parental Consent MED-5 Form. Fill in ALL Medicaid/Famis Plus or Famis information including the 12 digit Medicaid/Famis Plus or Famis number.

School Health Services is dedicated to keeping your child's health information private and confidential. The Family Educational Rights and Privacy Act (FERPA) directs how health records are to be maintained (see section in calendar regarding FERPA). The Health Insurance Portability and Accountability Act (HIPPA) requires that we follow transaction rules and uniform codes when billing for services provided by School Health Services. You will receive further information regarding our Privacy Statement if you request School Health Services to perform a physical exam on your child.

I have reviewed this information in full and give permission for my child, \_\_\_\_\_, to receive a screening physical exam at \_\_\_\_\_ School.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)