School health examinations were begun years ago because parents, educators, and physicians all realized that healthy children learned more effectively than children with health problems. Earlier in this century, many children in the United States entered school without having had a health evaluation. Most children in this country today receive health care during their preschool years. Therefore, reevaluation of the concept of routine health examinations is now indicated because of changing health patterns in the United States and children’s different health needs.

**PHYSICAL EXAMINATION**

Ideally, every school child should have a complete physical examination and health evaluation every one to two years from his or her personal physician or source of ongoing medical care. Several things should be accomplished during this examination:

1. interval health history;
2. head-to-toe health appraisal;
3. assessment of growth, development, and school progress;
4. mental health evaluation of the child and family;
5. assessment of immunization status;
6. health education and counseling for both parent and child;
7. evaluation for participation in athletics;
8. recommendations about the child’s health needs.

Physicians may not be available for comprehensive health supervision in some rural and urban areas. Therefore, the Committee makes the following recommendations for health examinations required by schools.

1. Schools should require a complete physical examination for all children at least every three years.

2. Ideally, this physical examination should be done by the child’s pediatrician or primary care physician. A school nurse, with physician backup, if trained in physical assessment skills, can do an assessment if no physician is available to conduct the examinations.

3. Lineup physical examinations are not recommended. Group fitness evaluations, particularly for sports evaluations, are acceptable. When professional personnel are lacking or proper facilities are unavailable, screening examinations for vision, hearing, and general appearance are indicated and should be performed in an appropriate setting.

4. Yearly history forms should be developed and used so current health information on each child can be available at the school.

5. The family or parent is ultimately responsible for the child’s health care, and this concept should be stressed by physicians and school health personnel.

**PHYSICAL ASSESSMENT FOR COMPETITIVE ATHLETICS**

A complete examination for competitive sports should be done when the student is beginning junior high school and again when he/she is entering high school, unless an injury or significant illness has occurred in the interim. In that case it should be done every year.

This physical examination should include the following:

1. Assessment of maturity by use of Tanner’s classification to determine if the young athlete is capable of competing with peers in the desired sport.

2. Identification of medical problems that would not preclude participation, and recommendations for necessary therapy.

3. Identification of medical problems that might prevent the athlete from competing in a desired sport, and recommendations of areas, if any, where he or she can compete successfully.

4. Identification of previous injuries and recommendations for rehabilitation of the injured part to help the athlete rebuild strength before returning to competition.

5. Since this physical examination will be the only one done for approximately two years unless accident or illness intervenes, the Committee rec-
ommends that it be done by the child's own physician.

An interval history must be obtained from the athlete and returned to the school before each sports season to learn of illnesses or injuries that occurred in previous sports activities (ie, between football and basketball seasons, or between the hockey, baseball, and tennis season). If any injury or illness has occurred, an evaluation of that problem needs to be done before the athlete can be allowed to participate in further sports activities.

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Committee on School Health: School Health: A Guide for Health Professionals. Evanston, IL, American Academy of Pediatrics, 1977
Committee on Standards of Child Health Care: Standards of Child Health Care, ed 3. Evanston, IL, American Academy of Pediatrics, 1977

SUPERMAN VS MR NICK O’TEEN

A $1,000,000 campaign to persuade children not to experiment with cigarettes has been launched in the United Kingdom by the Health Education Council. The campaign is based on the character Superman, and it uses television and comics to introduce his evil new opponent, Nick O’Teen. The struggle between the two is illustrated in television commercials and advertisements in comics. The aim is to create interest and to sustain it by sending further material to children who return coupons from the comics. The campaign follows last year’s pilot project, when advertisements in comics offered a Superman poster carrying the message: “With my amazing X-ray vision I can see the harm cigarettes do inside people’s bodies. That’s why I don’t smoke.” Over 70,000 requests were received for the poster, and letters from children expressed awareness of the danger of smoking and concern about its effects on families and friends.

The project is planned against a background of research which has shown that young smokers are more likely to come from families of social classes 4 and 5 with parents and siblings who smoke. They are likely to choose smokers for friends, perform badly at school, and reject formal anti-smoking education. Some children begin to smoke as early as 5 years of age, and an estimated 1 in 3 of Britain’s 18 million adult smokers began smoking before they were 9.

From The Lancet, Jan 3, 1981.
### School Health Examinations


*Pediatrics* 1981:67:576

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