

Mercer Area School District School Health Requirements

Dear Parent/Guardian:

Pennsylvania School Health Law requires a physical examination for all children in kindergarten, sixth, and eleventh grade. It also requires a dental examination for students in kindergarten, third, and seventh grade. These grades were selected because they represent critical periods of growth and development in a child's life.

You will receive a copy of the medical forms which need completed at kindergarten registration, in your child's report card at the end of second grade (dental form), the end of fifth grade (physical form), the end of sixth grade (dental form) and the end of tenth grade (physical form).

It is highly recommended that your child be examined by your private physician and dentist. They will be able to update immunizations and evaluate the health of your child. However, we do understand that is not always possible. For those students who are not examined by a private physician, a school physician or school dentist will perform the examination at the school with your consent. A separate permission form will be sent home at that time.

The School Health and Immunization Law states that children in **ALL** grades (K-12) need the following **immunizations for attendance**:

- **4 doses of DTP (Diphtheria/Tetanus/Acellular Pertussis)** one dose being after the 4th birthday
- **4 doses of Polio** (4th dose after the 4th birthday and at least 6 months after previous dose given)
- **2 doses of MMR (Measles/Mumps/Rubella)**
- **3 doses of Hepatitis B**
- **2 doses of Varicella (chicken pox) or proof of chicken pox disease**

Proof of vaccines must be in writing from the physician or Department of Health. Your child's record of immunizations must then be submitted to the school nurse for approval.

This form and your signature acknowledge that you have been informed of the required examinations and immunizations during your child's school years and the health services that they will receive while attending Mercer Area School District. Please see the Mandated School Health Services form for an overall view of these services.

Student's Name: _____

Parent/Guardian Signature: _____

Date: _____