

Dear Parent/Guardian,

New York State Education Law requires that all students in grades K, 2nd, 4th, 7th, and 10th have a complete physical. Physicals are acceptable that have been performed no longer than 12 months prior to the 1st day of school in September. New entrants are required to have a complete physical no longer than 12 months prior to their first day of school in the Marcellus Central School District. This physical must be done by a physician, physician assistant or nurse practitioner licensed to practice in New York State.

We are also asking if you would provide a dental health certificate to their school health office in addition to the required school physical. **The submission of the dental health certificate is voluntary.** Dental Health Assessments are quick and easy, and can determine whether a child has an oral health care problem that is interfering with his/her ability to chew, speak or concentrate in class. Your dentist's office can fill out the enclosed form and you can send it in with your school physical.

If you choose to have your child's physical done by his/her own physician, a form is enclosed for the physician to complete. This form must be returned to the school nurse in your child's building no later than 30 days after the start of school. If a completed physical form has not been turned in within this time period, your child will be scheduled for a physical with the school physician.

As a part of a required school health examination, a student is weighed and his/her height is measured. These numbers are used to figure out the student's body mass index or "BMI". The BMI helps the doctor or nurse know if the student's weight is in a healthy range or is too high or too low. Recent changes to the New York State Education Law require that BMI and weight status group be included as a part of the student's school health examination. A sample of school districts will be selected to take part in a survey by the New York State Department of Health. If our school is selected to be part of the survey, we will be reporting to New York State Department of Health information about our students' weight status groups. Only summary information is sent. No names and no information about individual students are sent. However, you may choose to have your child's information excluded from this survey report.

The information sent to the New York State Department of Health will help health officials develop programs that make it easier for children to be healthier.

If you do not wish to have your child's weight status group information included as part of the Health Department's survey this year, please sign your name below and return this form to:

School Nurse

STUDENT NAME: _____

CHECK ONE: PHYSICAL TO BE DONE BY SCHOOL PHYSICIAN _____

PHYSICAL TO BE DONE BY PRIVATE PHYSICIAN _____

_____ PLEASE DO NOT INCLUDE MY CHILD'S WEIGHT STATUS INFORMATION IN THE SCHOOL SURVEY

DATE: _____

PARENT SIGNATURE _____

HEALTH CERTIFICATE / APPRAISAL FORM

Name: Date of Birth: School: Gender: M F Grade:

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached Sick Cell Screen: Positive Negative Not done Date: No immunizations given today PPD: Positive Negative Not done Date: Immunizations given since last Health Appraisal: Elevated Lead: Yes No Not done Date: Dental Referral: Yes No Not done Date:

Significant Medical/Surgical History: See attached

Allergies: LIFE THREATENING Food: Insect: Other: Seasonal Medication:

PHYSICAL EXAM

Height: Weight: Blood Pressure: Date of Exam: Referral

Body Mass Index:	Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
less than 5 th 5 th through 49 th 50 th through 84 th	Vision - Near Point	R	L	
85 th through 94 th 95 th through 98 th 99 th and higher	Hearing Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive:

Specify any abnormality (use reverse of form if needed):

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: Dosage/Time:

Name: Dosage/Time:

If AM dose is missed at home:

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked: Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball. Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump. Specify medical accommodations needed for school: None Known or suspected disability: Please monitor Restrictions: Please monitor Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other:

OPTIONAL INFORMATION, if known

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension Other:

Provider's Signature: Phone: (Stamp below)

Provider's Name/Address: Fax:

Parent Signature: Date:

New York State Immunization Requirements for School Entrance/Attendance¹

Vaccines	Pre-kindergarten (Day Care, Nursery, Head Start, or Pre-K) ²	School (k-12)
Diphtheria Toxoid-Containing Vaccine	3 doses (New York City Schools – 4 doses) ³	3 doses (New York City schools – 4 doses – required for kindergarten only)
Tetanus Toxoid-Containing Vaccine and Pertussis Vaccine (DTaP, DTP) ⁴	3 doses if born on or after 1/1/2005	3 doses if born on or after 1/1/2005
Tetanus, Diphtheria, and Pertussis Booster (Tdap)	Not applicable	Born on or after 1/1/1994 and enrolling in grades 6 through 10 for the 2011-2012 school year ⁵ 1 dose
Polio (IPV or OPV)	3 doses	3 doses
Measles, Mumps and Rubella (MMR) ⁶	1 dose	2 doses of measles-containing vaccine and 1 dose each of mumps and rubella (preferably as MMR)
Hepatitis B	3 doses	3 doses ⁷
Haemophilus influenzae type b (Hib)	3 doses if less than 15 months of age or 1 dose administered on or after 15 months of age ⁸	Not applicable
Pneumococcal Conjugate Vaccine (PCV)	Born on or after 1/1/2008 4 doses by 15 months of age, given at age-appropriate times and intervals ⁹	Not applicable
Varicella (Chickenpox) ⁶	Born on or after 1/1/2000	Born on or after 1/1/1998 or born on or after 1/1/1994 and enrolling in grades 6 through 12 for the 2011-2012 school year ¹⁰ 1 dose

- 1 Demonstrated serologic evidence of either measles, mumps, rubella, hepatitis B or varicella antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child/student has had measles, mumps, or varicella diseases is acceptable proof of immunity to those diseases.
- 2 Children in a Pre-kindergarten setting should be age appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP).
- 3 Please note at this time that New York State requires 3 doses of diphtheria toxoid-containing vaccine (New York City requires 4 doses for pre-kindergarten and kindergarten only) and three doses of polio vaccine for entry into kindergarten and for any student entering a school in New York State for the first time. However, ACIP recommends 4 doses of diphtheria toxoid-containing vaccine by age 18 months and 5 doses by age 4-6 years of age. Children 4-6 years of age should receive 4 doses of polio vaccine unless the 3rd dose is given after 4 years of age.
- 4 DTaP is the vaccine currently recommended for diphtheria, tetanus and pertussis.
- 5 Students enrolling in grades 6 through 10 includes students who are entering, repeating or transferring into grades 6 through 10 and students who are enrolling in gradeless classes and are the age equivalent of grades 6 through 10. Children ages 7-10 who have not been adequately vaccinated with DTP/DTaP, and for whom no contraindications exist, should receive a single dose of Tdap.
- 6 The New York State Department of Health Immunization Program concurs with the ACIP which recommends that vaccine doses administered up to 4 days before the minimum interval or 12 months of age for measles, mumps, rubella and varicella be counted as valid.
- 7 Hepatitis B – For students in grades 7-12, 3 doses of Recombivax HB or Engerix-B is required, except for those students who received 2 doses of adult hepatitis B vaccine (Recombivax) which is recommended for children 11-15 years old.
- 8 Four doses of Haemophilus influenzae type b (Hib) is recommended by 15 months or more of age, however only 3 doses are required for day-care entry. If a child enters a day care on or after 15 months of age, and has not received 3 doses of Hib vaccine, only one dose on or after 15 months of age is required.
- 9 Unvaccinated children 7-11 months of age should receive 2 doses, at least 4 weeks apart, followed by a 3rd dose at age 12-15 months. Unvaccinated children 12-23 months of age should receive 2 doses of vaccine at least 8 weeks apart. Previously unvaccinated children 24-59 months of age should receive only 1 dose. PCV13 is the preferred vaccine for use in healthy unvaccinated/partially vaccinated children 2-71 months of age. A single supplemental dose of PCV13 is recommended for children 14-59 months who have already completed the age appropriate series of PCV7.
- 10 Students enrolling in grades 6 through 12 includes students who are entering, repeating or transferring into grades 6 through 12 and students who are enrolling in gradeless classes and are the age equivalent of grades 6 through 12. Two (2) doses of varicella vaccine are recommended for all students, but not required for school entry.

For further information contact:

New York State Department of Health, Bureau of Immunization,
Room 649, Corning Tower ESP, Albany, NY 12237, (518) 473-4437.

New York City Department of Health and Mental Hygiene, Bureau of Immunization, Program Support Unit,
253 Broadway, 7th Floor, Room 703, New York, NY 10007, (212) 341-9522.

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name:

Last

First

Middle

Birth Date:

/

/

Month

Day

Year

Sex: ☐ Male

☐ Female

Will this be your child's first visit to a dentist?

☐ Yes

☐ No

School:

Name

Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? ☐ Yes ☐ No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature _____ Date _____

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp)

Dentist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

☐ Yes ☐ No Caries Experience/Restoration History – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

☐ Yes ☐ No Untreated Caries – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

☐ Yes ☐ No Dental Sealants Present

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.