

**CHESTER UNION FREE SCHOOL DISTRICT
HEALTH OFFICE**

Chester Elementary School
2 Herbert Drive
Chester, NY 10918
(845) 469-2178 x2209
Fax: (845) 469-2170

Chester Academy
64 Hambletonian Avenue
Chester, NY 10918
(845) 469-2231 x3315
Fax: (845) 469-6634

Physical exams must be performed within the 12 months prior to the beginning of the school year in which the examination is required or within 15 days after registration in order to be acceptable. If you choose to have your child examined by your health care provider, please submit the completed medical form to the school health office by **September 30th**. If not received by this date, your child will be scheduled for a physical with the school nurse practitioner. Annual vision, hearing and scoliosis screenings will be performed according to the New York State guidelines.

COMPLETE AND RETURN THIS SECTION:

_____ I will have my child examined by my own health care provider.

_____ The examination has been scheduled for the following date: ___/___/___

_____ I would like my child to be examined in school by the nurse practitioner.

Child's name _____

Grade _____

Parent/Guardian's Signature _____

Date _____