Penn Hills School District
Home Education Program
Verification of Student Health Services
(This Form should be attached to the Home School Affidavit *Each* Year)

To be completed by Parent or Guardian

Attached Affidavit is For School Year 20_____ to 20_____ for Grade _____

Student Name _____

Supervisor (Parent or Guardian) _____ Daytime Telephone No. _____

Address _____

_____

To Be completed by Health Care Service Provider

(Either Penn Hills School District Health Care Worker or Private Physician or Dentist)

As required by the Pennsylvania School Code:

_____ **Immunizations** are current and up to date in accordance with Pennsylvania law and regulations of the Secretary of Health (24 P.S. 13-1303a and 23 PA Code 23.83-84

_____ Student has received an **annual Hearing Test.**

_____ Student has received an **annual Vision Test.**

_____ Student has been **measured and weighed** this year.

As required by the Pennsylvania School Code for students of the child's age or grade level, the student has received:

A Comprehensive Medical Examination/Appraisal (Please check appropriate line)

_____ At the **beginning** of the Home School Program

_____ In **Sixth Grade** (or within four months of entering 6th Grade)

_____ In **Eleventh Grade** (or within four months of entering 11th Grade)

Dental Services (Please check appropriate line)

_____ When **beginning** the Home School Program

_____ While enrolled in **Third Grade**

_____ While enrolled in **Seventh Grade**

The Health Services were provided by

Private Physician or Dentist

Name: _____

Address: _____

_____

_____

Tel. No. _____

PHSD Health Care Personnel

Name: _____

Check Appropriate Bldg.

___ Forbes ___ Linton
___ Penn Hebron ___ PHHS
___ Washington

_____ _____

Signature of Health Care Provider **Date**