

OCEANSIDE UNION FREE SCHOOL DISTRICT

145 Merle Avenue, Oceanside, New York 11572-2206

Phyllis S. Harrington, Ed.D.
Superintendent of Schools
Ph: 516-678-1215 Fax: 516-678-7503
pharrington@oceansideschools.org

Jill DeRosa, Ed.D.
Assistant Superintendent for Human
Resources, Student Services and
Community Activities
Ph: 516-678-1213 Fax: 516-678-2145
jderosa@oceansideschools.org

MEDICAL AND DENTAL EXAMINATION FORMS

Dear Parents/Guardians:

New York State Education Law requires that all students in public schools be examined by a health care provider upon entrance into school and in Pre-Kindergarten, Kindergarten, 1st, 3rd, 5th, 7th, 9th and 11th grades. While the law does not specifically require an examination in other grades, we encourage annual physical examinations. Enclosed you will find a Health Examination Form that may be used by your own physician, physician assistant, or nurse practitioner licensed to practice in New York State. Please return it along with a current immunization record.

Health examinations include height and weight measurement. These numbers are used to determine body mass index or "BMI." Recent changes to the New York State Education Law require that BMI and weight status group be included as part of the student's 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 summary information to the New York State Department about our students' weight status groups. Information about individual students and student names are not provided. However, you may still choose to have your child's information excluded from this survey report by written request to me or your child's school nurse by the last day in September.

Enclosed you will also find a Dental Examination Form. Both the medical and dental forms should be returned to school as soon as possible. These forms are acceptable for the current school year if the examination date is no longer than 12 months prior to the 1st day of school in September.

Best wishes for a happy and healthy summer.

Sincerely,

Jill DeRosa, Ed.D.
Assistant Superintendent for Human Resources,
Student Services and Community Activities

Distribution: New students and all students entering Pre-Kindergarten, Kindergarten, 1st, 3rd, 5th, 7th, 9th and 11th.

HEALTH APPRAISAL FORM

Name: _____ Date of Birth: _____

School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached

Elevated Lead Yes No Not done Date: _____
 PPD Positive Negative Not done Date: _____
 Sickle Cell Screen Positive Negative Not done Date: _____

Significant Medical/Surgical History: See attached _____

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

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

PHYSICAL EXAM

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

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	<i>Referral</i>
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th	Vision - Near Point	R	L	
<input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Hearing <input type="checkbox"/> 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: cheerleading, 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: _____

(Provider's Stamp below)

Provider's Signature: _____ Phone: _____

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

NYSED requires an annual physical exam for new entrants and students entering Kindergarten, 2nd, 4th, 7th and 10th grades.

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DENTAL EXAMINATION FORM

Child's Name _____

School _____

Grade _____

Teacher's Name _____

Dental Examination Date _____

Comments _____

Dentist Signature _____

Dentist Stamp