OCEANSIDE UNION FREE SCHOOL DISTRICT

145 Merle Avenue, Oceanside, New York 11572-2206

Phyllis S. Harrington, Ed.D.
Superintendent of Schools
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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 Kindergarten, 2nd, 4th, 7th and 10th grades. While the law does not specifically require an examination in other grades, we encourage annual physical examinations. Enclosed you will find a health appraisal 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 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 summary information to the New York State Department of Health 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 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 Kindergarten, 2nd, 4th, 7th and 10th grades.

OCEANSIDE UNION FREE SCHOOL DISTRICT, 145 MERLE AVE., OCEANSIDE, NY 11572, P: 516-678-1200, F: 516-678-2145

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: _____

				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 5th ❑ 5th through 49th ❑ 50th through 84th	Vision - Near Point	R	L	
❑ 85th through 94th ❑ 95th through 98th ❑ 99th 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: 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