



MEDICAL REQUIREMENTS FOR ENTRANCE INTO THE SCHOOL DISTRICT

- Health Survey (Included in the registration packet - Parent/Guardian to complete)

Parent/Guardian to obtain the following medical forms from health care provider:

- Physical Examination - All children must have a complete physical examination before entering school. The physical may not be more than 1 year old on the first day of school. This physical form must be received at the Health Office before the first day of school.
- Immunizations - All students must have all immunizations completed and documentation on file prior to the first day of school.

DPT/DTaP - 5 doses

POLIO - 4 doses

HEPATITIS B - 3 doses

MMR (measles mumps, rubella) - 2 doses

VARICELLA (Chicken pox vaccine) - 2 doses

Tdap (1 dose)

Required for entrance to Grade 7 - 12)

- Vision screening - The physical must include documentation of a passed preschool vision screening or a comprehensive eye examination report indication any diagnosis.

EXCEPTIONS:

- Medical Exemption - a medical exemption is allowed if the healthcare provider submits documentation to the school that an immunization is medically contraindicated.
 - Religious Exemption - a religious exemption is allowed if a parent submits a signed statement to the school stating that immunizations are contrary to their sincere religious beliefs.
- LEAD Screening - All kindergarten students must provide documented evidence of this screening.

Please return all the above forms to the school with your registration.



HEALTH SURVEY

Student's name: _____ Date of birth: _____

Grade: _____ Sex: _____ Name of Physician: _____

Please check if your child has, or has had any of the following:

	Yes	No	Year		Yes	No	Year
High Blood pressure				Excessive worry / anxiety			
Heart Condition				Depression			
Asthma				Ulcer			
Severe Allergies				Severe/chronic abdominal pain			
Contact with tuberculosis				Excessive colds			
Positive tuberculin test				Speech problem			
Tumor, growth or cancer				Eye trouble			
Diabetes or sugar in the urine				Wears glasses			
Serious skin disease				Frequent ear infections			
Concussion				Hearing loss			
Frequent or severe headaches				Frequent or painful urination			
Dizziness or fainting spells				Intestinal trouble			
Sever head injury				Wets or soils pants			
Seizure disorder / Epilepsy				Scoliosis in family			

	Yes	No	Year	Please explain details
Has your child suffered a concussion				
Has your child any orthopedic (bone or joint problems)				
Has your child had any operations				
Has your child had any serious illnesses or injuries other than those already noted				

Is your child allergic to any medications				
Is your child allergic to any foods				
Is your child allergic or sensitive to bee stings? If so is the reaction local or generalized - please explain in detail.				
Has your child been prescribed an EPI-PEN for his/her allergy				
Does your child require medication administration during the school day				
Does your child have any other health problems that we should be aware of				
Is your child under medical supervision for any of the the above conditions - Please give the Physician name and contact details.				Physician Name: _____ Physician Contact tel no: _____
Please list all current medications				
Other				

If you should have any further concerns, please list in detail below or contact the school nurse to schedule a confidential conference.

Parent signature:

Date: