

## Required Health Information

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Date of last  
yearly physical \_\_\_\_\_

**PLEASE RETURN THIS PAGE ALONG WITH CHILD'S MOST RECENT YEARLY PHYSICAL EXAM REPORT AND IMMUNIZATION RECORD.** Parents are responsible for submitting an updated exam report after each subsequent yearly physical, whenever it falls during the year. We will maintain a record of yearly exam dates for all students in the office.

Are the following included on your physician's exam report? If not, please request that the information below be supplied (NYS requirement) **or have your physician sign this form.**

**Appropriate Vision Screening**  Normal Referral (reason) \_\_\_\_\_

**Appropriate Hearing Screening**  Normal Referral (reason) \_\_\_\_\_

**Lead Screening – elevated lead**  Yes  No Date: \_\_\_\_\_

**Allergies**  Food\* \_\_\_\_\_

Allergic reaction by:  ingestion  contact  proximity/airborne

*\*Physician must attach an action plan detailing which foods are to be restricted from classroom and/or not contacted by child.*

**Allergy possibly life-threatening?**  Yes  No

*\*Physician must supply prescription and written instructions for any emergency medicine to be administered.*

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Immunizations.** See reverse of this form for NYS health information requirements for preschool, a list of NYS required immunizations, recommended screenings for preschool, and exemption requirements.

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## Dental Health Information

Have you noticed any problem in the mouth that interferes with your child's ability to chew or speak?  Y  N

Do you suspect that your child may have an open cavity?  Y  N

Has your child visited a dentist?  Y  N

If yes, name of dentist \_\_\_\_\_ Date of last exam \_\_\_\_\_

Do you plan to have your child visit a dentist within the next year?  Y  N

If yes, name of dentist \_\_\_\_\_ Appointment date \_\_\_\_\_

Appointment not yet scheduled

## Information about NYS Requirements for Student Physical Examinations.

Our registration with NYS requires that we comply with the following regarding student health information

### *NYS Education Law II Subchapter F, part 125.5(b)*

- (1) At least thirty days prior to admission to school\*, each child shall have a completed physical examination by a physician, including an appropriate vision screening, audio testing, laboratory tests\*\* as indicated and a dental examination. A written statement signed by the examining physician shall be furnished to the school.
- (2) All children shall have a yearly physical examination by a physician and a dental examination by a dentist.

\*The yearly physical must have occurred within one year prior to start of school. Updated health appraisal form must be supplied to school if yearly physical occurs during the school year.

\*\*Lead screening is recommended for all children.

### Physician supplied information needed for special cases

#### *For children with allergies*

- Prevention plan for preschool
- Emergency action plan

#### *For children needing emergency medication*

- Written authorization and detailed instructions

#### *For children claiming medical exemption to immunization requirements*

- Physician's letter stating which immunizations are contraindicated and why

**Information about NYS Immunization Requirements.** Pre-school immunization requirements are mandated by New York State Public Health Law Section 2164.

<b>Required vaccines (2017-18 School Year)</b>	<b>Dosages*</b>
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)	4 doses
Polio vaccine (IPV/OPV)**	3 doses
Measles, Mumps and Rubella vaccine (MMR)**	1 dose
Hepatitis B vaccine	3 doses
Varicella (Chickenpox) vaccine**	1 dose
Haemophilus influenza type b conjugate vaccine (Hib)	1 to 4 doses
Pneumococcal Conjugate vaccine (PCV)	1 to 4 doses

\*Dosage information may vary according to age and schedule. See footnotes in NYSDOH document "2017-18 School Year New York State Immunization Requirements for School Entrance/Attendance."

\*\*Serology or physician diagnosis of disease would also satisfy the requirement.

**Exceptions to the immunization requirements.** If you intend to claim an exemption for any or all immunizations, you must satisfy the requirements below, which is adapted from NYS DOH Immunization School Survey Instruction Booklet, submitting documentation as noted.

*A child may be exempt from one or more of the required immunizations for medical reasons only. There is no exemption based on philosophical reasons.*

*A **medical** exemption is given when a valid contraindication to vaccination exists. The medical exemption must be certified by a physician licensed to practice in the State of New York and must specify with immunizations are contraindicated and why.*

**Religious exemptions. Due to NYS law passed June 13, 2019, ANS will no longer accept statements claiming religious exemption from vaccination.**