NORTH COLONIE CENTRAL SCHOOLS
91 FIDDLERS LANE
LATHAM, NEW YORK 12110

Dear Parents:

Changes in New York State Education Law (September 2005) requires that each student receive a physical when **entering a school district for the first time** and again in **grades K, 2, 4, 7, 10.** While these examinations can be administered by the school physician, we urge you to use your family physician for this purpose during your child's summer vacation. In this manner, a pattern of consistent, optimum health care can be established.

If your child has recently seen your family physician and will be a beginning **Kindergartner, 2nd, 4th, 7th, or 10th grader** in September, please ask the doctor to complete the reverse side of this form. Although the form must be returned by the end of September, an examination administered not more than twelve months prior to commencement of the school year in which the examination is required, will be accepted. For those beginning **Kindergartners, 2nd, 4th, 7th and 10th** graders who have not received examinations from a private physician by September, a visit to our school physician will be scheduled in the fall.

Again, please return this form to your school nurse by the **end of September**. You are reminded of the following:

1. To notify us if it is necessary for your child to be absent due to illness Call the school the first day of absence.
2. To keep us informed during the school year on items below (changes)
3. When the annual school health appraisals are made, you will be notified if any abnormalities are found.

Please feel free to call us or send a note if we may be of assistance to you at any time.

Sincerely yours,

Sheelah Lucier
Director of Pupil Services

To be completed by Parent:

Name of Pupil_____Grade_____Teacher_____

Mailing Address_____Telephone_____

Father (home) _____ (work) _____ Mother (home) _____ (work) _____

Names of person, other than parents, to be called in case of emergency if neither parent can be reached

1. Name_____Address_____Hm. Tel._____Wk. Tel._____

2. Name_____Address_____Hm. Tel._____Wk. Tel_____

Family Physician_____Address_____Phone #_____
Family Dentist _____Address_____Phone #_____
Medical Problems_____

Date_____ Parent's Signature_____
2/06DJD

NORTH COLONIE CENTRAL SCHOOLS, LATHAM, NEW YORK 12110

FAMILY PHYSICIAN'S PHYSICAL EXAMINATION

SCHOOL_____SPORT(S) TO BE PLAYED_____

Name_____DOB_____ Age_____ Grade_____

Height_____ Weight _____ B.P. _____ Pulse _____ Respiration _____

Visual Acuity: Without Glasses L _____R _____ With Glasses L _____ R _____

Hearing Test: L _____ R _____

Medication, if taken in school _____

Eyes_____

Genito-Urinary _____

Ears (otoscopic) _____

Ortho-Structural _____

Lymph Nodes _____

Pedic Posture _____

Thyroid _____

Feet _____

Nose _____

Skin (non-commun.) _____

Tonsils _____

Epilepsy _____

Teeth _____

Nervous System _____

Heart _____

Speech _____

Lungs _____

Nutrition _____

Hernia _____

Scoliosis Check _____

Other _____

Allergies _____

DISQUALIFICATIONS/LIMITATION:

Child is qualified to participate in **ALL** sports with the exception of :_____NO exemptions_____

Studies: (X-ray, lab, etc.) _____

Signature of Physician _____ Date _____

N. Y. State required immunizations for admission to school:

IMMUNIZATIONS and DATES GIVEN

	1st	2nd	3rd	4th	5th
Poliomyelitis (TOPV/IPV)					
DPT					
DT					
Hepatitis B					
MMR					
Measles					
Mumps					
Rubella (German Measles)					
HIB					

	DATE	RESULT
TB Test		
Chest X-ray		
Lead Screening		

Varivax _____ Menactra _____

School _____Physician's Signature _____Date _____

2/06DJD