Jericho Health Office
Tel 516 203- 3600 Fax 516 203-3626

Dear Parents/Guardians

The New York State Law requires **all new entrants must have the following on file:**

**** NOTE: There are specific immunizations requirements for each grade level. Please see the information in the district calendar.***

1 .Proof of Complete Immunizations- copy of the original immunization records must be signed and stamped by a health care provider.

2. Proof of Physical Exam dated from the current year.
Physical exam must be completed, signed and stamp **by a NY State health care provider; a physician,** a **physician assistant or a nurse practitioner**. (Body Mass Index (BMI) and Weight Status Category must be included in your child's physical)

3. Proof of Dental Exam completed by a dentist. The NY State Department of Health recommends students have a dental exam from the current year.

4. Health History

Please contact the Health Office if you have any questions.

516-203-3600
Middle School – Ext. 3206
High School – Ext. 3230

Name:			DOB:
SCREENINGS			
Vision	**Right**	**Left**	**Referral**	**Notes**
Distance Acuity	20/	20/	☐ Yes ☐ No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color ☐ Pass ☐ Fail				
Hearing	**Right** dB	**Left** dB	**Referral**	
Pure Tone Screening			☐ Yes ☐ No	
Scoliosis Required for boys grade 9	**Negative**	**Positive**	**Referral**	
And girls grades 5 & 7	☐	☐	☐ Yes ☐ No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Full Activity** without restrictions including Physical Education and Athletics.

☐ **Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications

- ☐ **No Contact Sports** **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
- ☐ **No Non-Contact Sports** **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field
- ☐ **Other Restrictions:**

☐ **Developmental Stage for Athletic Placement Process ONLY**

Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports

Student is at **Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Accommodations:** Use additional space below to explain

☐ Brace*/Orthotic	☐ Colostomy Appliance*	☐ Hearing Aids
☐ Insulin Pump/Insulin Sensor*	☐ Medical/Prosthetic Device*	☐ Pacemaker/Defibrillator*
☐ Protective Equipment	☐ Sport Safety Goggles	☐ Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School attached**

List medications taken at home:		

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS Received Today: ☐ Yes ☐ No

HEALTH CARE PROVIDER

Medical Provider Signature:	**Date:**
Provider Name: *(please print)*	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child's School When Entirely Completed.

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached

☐ Yes, indicate type ☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Environmental

Asthma ☐ No ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached

☐ Yes, indicate type ☐ Intermittent ☐ Persistent ☐ Other : _____

Seizures ☐ No ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached

☐ Yes, indicate type ☐ Type: _____ Date of last seizure: _____

Diabetes ☐ No ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached

☐ Yes, indicate type ☐ Type 1 ☐ Type 2 ☐ HbA1c results: _____ Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:

Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI_____**kg/m2 Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and>

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

TESTS	Positive	Negative	Date
PPD/ PRN	☐	☐	
Sickle Cell Screen/PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥10 µg/dL			

Other Pertinent Medical Concerns

One Functioning: ☐ Eye ☐ Kidney ☐ Testicle

☐ Concussion – Last Occurrence: _____

☐ Mental Health: _____

☐ Other:

☐ **System Review and Exam Entirely Normal**

Check Any Assessment Boxes *Outside* Normal Limits And Note Below Under Abnormalities

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:

☐ Additional Information Attached

Diagnoses/Problems (list)	ICD-10 Code
_____	_____
_____	_____
_____	_____
_____	_____

Jericho Public Schools
99 Cedar Swamp Road
Jericho, NY 11753
Health Office

Dear Parent /Guardian,

The NY State Department of Health recommends students have an annual dental exam. Please have your dentist complete the form and return it to the Health Office.

Dental Health Certificate

Name_____ Grade____

Address_____

Exam Date_____

Please check one:

_____ No treatment is necessary
_____ Treatment is in process
_____ Treatment is complete.

_____
Dentist's signature/ stamp

_____
Address

JERICHO UNION FREE SCHOOL DISTRICT

Authorization for Administration of Medication in School

A. To be completed by the Parent or Guardian:

I request that my child_____grade_____, receive the medication as prescribed below by a NYS licensed health care prescriber. The medication must be handed in to the nurse, properly labeled in the original container from the pharmacy. I understand that the school nurse or other designated staff member will administer the medication.

Signature of Parent or Guardian: _____

Address: _____

Telephone #:_____Date:_____

B. To be completed by the NYS licensed Health Care Prescriber:

I request that my patient, as listed below, receive the following medication:

Name of Student: _____Date of birth:_____

Diagnosis: _____

Name of Medication: _____

Prescribed dosage, time and route of administration _____

_____

Possible Side Effect and Adverse Reactions: _____

Students can self- carry and self-administration: _____

Name and title of licensed prescriber (please print):_____

Signature: _____Stamp:_____Date:_____

Address: _____Phone:_____

Hearing-Students in grades 7, 11 and all new entrants are screened for hearing.

Scoliosis-Scoliosis screenings are performed on students in grade 6-9.

In the event that your child has difficulty with any of the screenings, a written notice will be sent to your home for, follow up with your private physician.

Physical Exams/Health Appraisals

Students in grades 7, 9 and 11 and all new entrants to Jericho Schools are required to have a physical exam by your physician. The physical exam must be completed and signed by NY State License practitioner. The physical exam is due in the Nurse's Office within **30 days** of the start of the school year.

If your student is not in compliance, you will be notified, and a physical exam will be scheduled with our school doctor.

All students who would like to participate in interscholastic sports must have a current physical exam completed on the Jericho Physical Form a Parent Consent Form. The Jericho form is the **only** form accepted for interscholastic sports.

All forms can be found on the Jericho School Website (under athletics).

Physical Education Excuses

When a student can not participate in Phys. Ed or sports due to an injury or illness, the following procedure takes place:

1. A doctor's note should be presented to the nurse indicating the disability and length of time the student will be out of activity. If the note does not indicate a date to return, a second note will be necessary prior to the student's return to Phys.ed and sports. Any student who is excused from Phys.ed will not be allowed to participate in sports.

2. A parent may submit a note to excuse a child for **one** day. The Nurse, at her discretion, may extend the excuse for up to one week.

3. Any student who arrives in school with sutures, a cast, sling, or splint is automatically excused from Phys.ed. and sports. A doctor's note is required in order to return to gym.

4. Any student who needs crutches in school must have a doctor's note stating he/she needs crutches, elevator, help with books and a pass to leave class 5 min early. A doctor's note is required in order to return to Phys. Ed and sports. A scribe is provided for tests only when a doctor's note is presented.

Registration Procedure

All new entrants to the Jericho UFSD are required documentation of all required immunizations. Immunization record must be an official document from a health care provider. The health care provider's signature and stamped are required.

The immunizations are; **4-5 DTaP, 3-4 Polio, 3 Hepatitis B, 2 MMR, 2 Varicella .**The MMR and Varicella **must** be given on or after the child's first birthday**. 1 Tdap** by age 11 and **1 or 2 Meningitis** vaccines, according to grade level.

Working Permits - Students can obtain working papers if they have a current physical on file. .

JERICHO UFSD

MIDDLE/HIGH SCHOOL

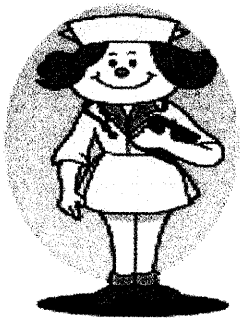
HEALTH OFFICE

Tel: (516) 203-3600

M.S Ext: 3206 H.S Ext: 3230

Fax: (516) 203-3626

"EVERY BODY NEEDS A SCHOOL NURSE"



Please feel free to contact the Nurse's office for any questions you may have.

School Nurses are a vital link in the school team to coordinate and provide care for our students. School Nurses manage diabetes, asthma, life threatening allergies, mental and emotional illness, and safety issues, administer medications and provide an endless list of services to our student's on a daily basis.

School Nurses:

- **Triage student health concerns**
- **Assess physical and emotional issues**
- **Provide primary healthcare to students and staff**
- **Counsel students, staff and parents on health issues**
- **Administer medication on a daily and as needed basis**
- **Refer health issues to healthcare providers for further care and treatment as needed**
- **Provide health screenings-vision, hearing and scoliosis per New York State Regulations**
- **Monitor health appraisals (physicals) for NYS mandated grades of 7, 9,and 11' as well as all new entrants**
- **Write emergency action plans as well as Individual Classroom Healthcare Plans**
- **Teach students to manage their own healthcare concerns**
- **Act as a liaison between the home and healthcare provider**
-

School Nurses provide students with what they need in order to be at school and participate in the learning experience!

When your child is ill:

If your child should become ill or injured in school, every effort is made to contact a parent. If after a reasonable amount of time passes without being able to get in touch with a parent, the emergency contacts are then notified. ***It is extremely important that your personal contacts including your cell phone and work numbers are kept up to date as well as any changes in your emergency contacts. Students will not be released to any individual who is not listed on the emergency contact list.***

In the rare case your child is seriously injured or ill and a parent is unavailable, please know that your child's health and safety will always be our number one priority!

When your child is home ill, he or she should remain home until their fever is below 100 degrees without the use of any fever reducing medication such as Tylenol, Advil or Ibuprofen for 24 hours.

They should also remain home until they are symptom free for 24 hours. For example if your child has had a stomach virus, they should remain home until all symptoms have resolved and they are eating a regular diet.

Medications in School

Every effort should be made to administer medications outside the school setting. In the event that a student needs medication in school in order to maintain an optimal state of health, the following procedure must be followed:

1. A signed doctor's order stating the name, dosage, time to be given and diagnosis must be on file. This order must be renewed annually. This includes over the counter medications as well as prescription medications. Forms are available on the Jericho School website or in the Nurse's office.

2. Written permission from the parent or guardian authorizing the administration of the medication in school.

3. All medications **must** be brought to school by a parent or other designated adult. No students in the school is permitted to carry prescription or over the counter medication.

4. All medications must be in properly labeled bottles from the pharmacy. A second labeled bottle is requested for school trips. If an over counter medication is to be given, 2 small containers are requested so one can go on field trips with the student.

Screenings

The following screenings will be performed:

Near and far Vision-Students in grades 7, 11 and new entrants are screened for vision.