

Onondaga Central Schools

Nedrow, New York 13120

Health Offices

Jr-Sr High School: Deborah Rohe, RN. Phone: (315) 552-5026 Fax: (315) 552-5027

Wheeler School: Robin Larkin, RN. Phone: (315) 552-5052 Fax: (315) 552-5054

Rockwell Elementary School: Patricia Cormier, RN. Phone: (315) 552-5072 Fax: (315) 469-7732

To: Parent/Guardian
From: OCS Nursing Staff
Re: New Registrants information/requirements

Attached please find several health office forms and informational material to help you meet the health requirements for new registrants set forth by NYS and the Onondaga Central School District.

1. Important Health Information:
 - a. **Emergency Card:** (Please complete front and back and return to health office ASAP). This card is for health office use only. This card provides us with necessary current information in case of emergency situations.
*The information on this card should be consistent with the information provided on your child's registration packet.
 - b. **New Enterers Health History:** (complete and return to health office)
 - c. **Important Health Information:** Details attendance/health office information and requirements. Read carefully.
 - d. **Notice regarding Students with Life-Threatening Health Conditions** (read/sign and return to health office/main office).
2. Immunization Requirements:
 - a. **Immunization Policy Form** (complete and return to health office)
 - b. **New York State Immunization Requirements for School Entrance/Attendance:** review carefully.
 - c. **Recommended Immunization Schedule:** included for your information/discuss with your child's primary care physician.
 - d. **Onondaga County Health Department Immunization Clinic:** For your information.
3. Physical Exam Requirements:
 - a. **Health Certificate/Appraisal Form** (must be submitted to your child's school nurse within 30 days of starting school and must be performed by your child's primary care provider within the past 12 months)
 - b. **New registrants physical exam requirement letter:** included for your information (provides details on required physical exam; found on reverse side of Health Appraisal form).
4. Dental Exam Requirements:
 - a. **Dental Health Certificate** (must be completed by your child's dentist and returned to the school nurse). Letter of explanation can be found on the reverse side of the form.
 - b. **Providers for Onondaga County:** If you do not have a dentist see list of providers.
5. Medication Administration: If your child requires any prescription or over-the-counter medication while in school, you must complete additional forms available from the health office or on the school nurse's web page. See **Important Health Information** sheet for details.

**NEW ENTERERS HEALTH HISTORY
TO BE COMPLETED BY PARENT**

This form must be completed, signed by parent or guardian, and returned to the school nurse prior to entering school. Date entering school: _____

Name _____ Date of Birth ____/____/____

Grade _____ Age _____ Weight _____ Date of last Tetanus Shot ____/____/____

Medication/food allergies (and reaction) _____
Allergy to bee stings? () yes () no If Yes (reaction) _____ *Epi-Pen? () yes () no

Is there a history of: (Indicate **YES** or **NO** and write comments or explanations in the section indicated below for **ALL YES** answers. Use back if needed.)

	YES	NO		YES	NO
Allergies/Hay Fever	<input type="radio"/>	<input type="radio"/>	Elevated Blood Pressure	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	Headaches	<input type="radio"/>	<input type="radio"/>
Inhaler?	<input type="radio"/>	<input type="radio"/>	Head Injury/Concussion	<input type="radio"/>	<input type="radio"/>
Anemia	<input type="radio"/>	<input type="radio"/>	Heart Problem/Murmur-Chest pain	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	Nose Bleeds/Frequent or Severe	<input type="radio"/>	<input type="radio"/>
Bladder/Kidney Problem or Injury	<input type="radio"/>	<input type="radio"/>	Ankle Injury	<input type="radio"/>	<input type="radio"/>
Convulsions/Seizures	<input type="radio"/>	<input type="radio"/>	Back Pain/Injury	<input type="radio"/>	<input type="radio"/>
Fainting Spells	<input type="radio"/>	<input type="radio"/>	Fracture-Dislocation Bones/Joints	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	Knee Pain/Injury	<input type="radio"/>	<input type="radio"/>
Ear Problems/Hearing Loss	<input type="radio"/>	<input type="radio"/>	Neck Injury	<input type="radio"/>	<input type="radio"/>
Eye Problems/Vision Loss	<input type="radio"/>	<input type="radio"/>	Nose Fracture	<input type="radio"/>	<input type="radio"/>
Injury to the Spleen	<input type="radio"/>	<input type="radio"/>	Rheumatic Fever	<input type="radio"/>	<input type="radio"/>
Joint Sprain/Ligament Tear/ Muscle Pull	<input type="radio"/>	<input type="radio"/>	Stomach Ulcer	<input type="radio"/>	<input type="radio"/>

Comments on all YES answers above or any other health problems/concerns:

Does your child wear glasses? ____ Yes ____ No Contacts? ____ Yes ____ No

Date of last eye exam: _____

Has your child ever been hospitalized? ____ Yes ____ No If yes, what was the reason?

Is your child on any medications? ____ Yes ____ No If yes list all medications: _____

Will your child need to take any medication(s) while at school? ____ *Yes ____ No If yes, please list:

***Reminder:** Medication Administration Form must be completed and on file in health office before your child will be allowed to take any medications while at school (Self-Medication form also required for student to carry and self-administer their medications: such as their inhaler or Epi-Pen)

Date of last physical examination (will need to have copy on file in health office) _____

Has your child had screening or evaluation by any other health professionals (such as speech therapist, neurologist, psychiatrist, etc) _____

Does this student require any special attention due to physical limitations? ____ Yes ____ No

Comments: _____

Student's physician/primary care provider: _____ Phone: _____

Date _____ Parent/Guardian Signature _____

Onondaga Junior-Senior High School

4479 South Onondaga Road

Nedrow, New York 13120

Health Office:

Deborah Rohe, RN

Phone: (315) 552-5026

Fax: (315) 552-5027

To: All students and their families
From: Deborah Rohe, RN, Junior/Senior High School Nurse
Date: September, 2017
Re: Important Health Office Information

I want to extend a warm back-to-school welcome to all students and their families. This handout should help you with questions that may arise concerning the Jr-Sr High School Health Office and attendance practices and regulations. Please note that I maintain a web page on the OCS High School Web site. Check this site often for updated information. I can be reached by phone at (315) 552-5026, by fax at (315) 552-5027 or by email at drohe@ocs.cnyric.org. Feel free to contact me with any questions or concerns.

Attendance requirements:

1. Absences: Please call Ms. Rohe in the Health Office at (315) 552-5026 (or email her at drohe@ocs.cnyric.org) first thing in the morning (before 8AM) in the event your child will be absent from or tardy to school. If a call/email is not received the school will attempt to reach a parent to verify your child's absence through the School Messenger System. If a call, email and/or written excuse is not received the absence/tardiness will be recorded as illegal. Remember: if your child is ill he/she needs to stay home from school (fever, vomiting, diarrhea, bad cough, green/yellow nasal discharge, earache, pinkeye, rash, etc).
2. Early dismissal notes should be dropped off at the health office prior to first period. Students will receive an Early Dismissal Stamp from the nurse which they are to show to their teacher at time of dismissal. Parents should report to the nurse's office to sign out their child.
3. Late arrival: If your child arrives late to school they are to sign in with the school nurse. Remember: please call the school nurse if your child is going to be late and provide a written note explaining the reason for their tardiness.

Health requirements and information:

1. Emergency Health Form: Attached is an emergency health form (yellow card) to be filled out and signed by parents of students in Grades 7-12. The information will help us update your child's school records and provide **necessary current information in case of emergency situations**. Return to school nurse ASAP. There is a place for special health information on the reverse side of this notice: please list dates and the physicians who have treated your child for any illness, injury, eye examinations, immunizations, etc. since last June. Also list anything else about your child, which you think the school should know to provide special care in the coming year. Include medications taken regularly and those taken on an as needed basis. **Be sure to include all allergies.**

In addition: If your child has a life-threatening health condition (for example food or substance allergy, insect sting allergy, asthma, diabetes, seizure disorder, etc.), please immediately contact the school health office for a "Life-Threatening Health Condition Packet".

2. Immunizations: NYS mandates that each student be immunized against Diphtheria, Tetanus, and Pertussis (DTaP/DTP/Tdap) (3 doses); Tdap booster (1 dose); Polio (3 doses); Measles, Mumps, Rubella (MMR) (2 doses); Hepatitis B (3 doses); Varicella (chickenpox) (1 dose grades 10-12 and 2 doses grades 7-9) and: meningococcal (1 dose for grades 7 and 8 and 2 doses for grade 12). There have been many recent changes to the NYS Department of Health Recommended Immunization Schedule. Check with your health care provider to be sure your child is up-to-date.

3. Medication Procedure: In order for a student to receive medication in school the "Parent and Prescriber's Authorization for Administration of Medication in School" form must be completed by both the parent and the prescribing physician. This pertains to both over-the-counter and prescription drugs. A new form must be completed each school year. These forms may be obtained from the school nurse or can be printed from the OCS website. All medications must be in a properly labeled original pharmacy container. Over the counter medications must be in the original manufacturer's container/package with the student's name on the container. Medications are kept in the health office and are stored in a locked cabinet. Students are not allowed to carry any medication in school (*See exception below). This includes all prescription and over-the-counter medications.

*Under certain conditions a student may carry and self-administer his/her own medication (i.e. an inhaler for asthma). If this is a consideration, contact the school nurse for information. Additional documentation is necessary in this instance. Along with the above form, the "Self-Medication Release Form" and "Attestation Form" (also available on the nurse's website) need to be completed by both the parent and the health care provider. Students are not allowed to carry or self-administer ANY medication without proper authorization.

4. Illness or injury: If a student becomes ill or injured while in school they are to get a pass from their classroom teacher and report to the Health Office. Students should not report to the health office between classes or without a pass unless it is an emergency. Most health related incidents can easily be handled by the school nurse in the health office and the student can return to class. For more serious injuries or illnesses it is important that an **updated emergency medical form be on file (yellow card) with the necessary information to contact a parent/guardian or an emergency contact person so the student can be dismissed home or to other emergency care.** If a student should get injured in school or while participating in sports and requires medical care, it should be reported to the school nurse so an Accident Report can be filed for insurance purposes.

5. School Health Physicals and Dental Certificates: The New York State Department of Education requires that each child entering the **seventh and tenth** grades and all **new** students have an updated physical. It is suggested that this examination be done by the family physician, as he/she is most familiar with your child. Your family physician is better able to judge any change or problem in your child's state of health, and can discuss any recommendations with you directly at that time. However, school physicals are provided each year for those parents who would prefer to have their child's exam done at school. These are usually scheduled in October. If we do not receive proof of a private physical, we will schedule your child for a school physical. Students wishing to participate in a school sport must have a current physical on file at the health office. School/sports physicals are good for a period of one year. NYS also requires a dental certificate for all new students and all students entering the seventh and tenth grades. These forms can be obtained from the nurse's website or by calling the health office. Both the physical form and dental certificate must be dated within the past year and submitted within 30 days of the first day of classes.

6. Sports Qualifications: Parents must register their students for all sports (modified and JV/Varsity) on FamilyID. This is done on the OCS Website/Athletics page. Registration opens 30 days prior to the beginning of the sports season. Students must be registered for EACH sport they participate in. Each student must have a current physical on file (one performed within 1 year of the beginning of the season).

7. Physical Education Excuses: If a student needs to be excused from physical education classes, parents are required to send a written excuse to the school nurse. If your child must be excused for more than one week, a note from the attending physician is required.

8. NYS Screening Mandates: Throughout the school year 7th and 10th graders and all new students will have their vision and hearing checked by the school nurse. Students in grades 7-9 will also be screened for scoliosis. If these screenings are performed by your child's physician at the time of their physical we will not need to perform the screenings at school. Students may also be screened at parent/teacher request.

**ONONDAGA CENTRAL SCHOOL DISTRICT
IMPORTANT NOTICE TO PARENTS/PERSONS IN PARENTAL RELATION
OF STUDENTS WITH
LIFE-THREATENEING HEALTH CONDITIONS**

Definition of life-threatening health condition: A condition, including a known allergy, that will put the child in danger of serious illness during the school day if a medication or treatment order is not in place (for example food or substance allergy, insect sting allergy, asthma, diabetes, seizure disorder, etc.)

If your child has a life-threatening health condition, please contact the School Health Office/School office for a "Life-threatening Health Condition Packet" which includes the following:

- Authorization for Administration of Medication in School;
- Self-Medication Release Form;
- Permission to Disclose Protected Health Information Form.

The appropriate forms and any additional information you or the licensed health provider would like to share must be completed and returned to the School for review and approval by the School Nurse within 72 hours. An emergency care plan may be generated for your child based on recommendations and medical orders from your child's physician. If no medical management is required, no care plan will be generated.

Reminder:

- *It is the parent/person in parental relations responsibility to alert other school programs that their child has a health condition and/or care plan in place.*
- *Please report immediately any changes needed in emergency contact information, medication, health status, etc. to the School Office.*
- *It is strongly encouraged that your child wears a medic alert bracelet.*

If you have any questions or concerns, please contact the Principal or the School Nurse assigned to your child's school.

Thank you for your assistance in helping us to provide a safe school experience for your child.

This form should be given to all parents/persons in parental relation at the time of registration or when school staff is notified that a student has a life-threatening health condition.

I have read the above information regarding Life-Threatening Health Conditions.

_____ Yes! My child has a life-threatening health condition and am requesting the "Life- threatening Health Condition Packet".

_____ No, My child does NOT have a life-threatening health condition.

Child's Name: _____ Grade: _____

Parent Signature: _____ Date: _____

For health office use only

"Life Threatening Heath Condition Packet" provided: _____ Date: _____

Return date: _____

**Onondaga Central School District
Immunization Policy Form**

The following is the revised policy for immunization for school attendance as per Public Health Law Section 2164:

1. If a student entering has not been in attendance in a school in New York State, he/she will be admitted and given thirty (30) days in which to secure the required proof of immunization, provided that good faith effort to obtain such proof is made.
2. If a student has attended another school in New York State, he/she will be allowed to enter and be given fourteen (14) days for proof to be provided of proper immunization. If such proof is not received with the fourteen (14) days, the student will be automatically suspended until such proof is provided.
3. If proof is not provided in the time period allotted in #1 or #2 above, the student is to be excluded and the principal shall:
 - (a) notify the person in parent/guardian relationship of the responsibility to have the child immunized and of the public resources available for doing so. The Onondaga County Department of Health conducts an immunization clinic every Wednesday morning from 9:00 a.m. to 12:00 p.m. at the John H. Mulroy Civic Center, 421 Montgomery Street, Syracuse, Basement Level, Room 30. Phone - 435-2000.
 - (b) provide the person in parent/guardian relationship to the child with the appropriate vaccine information forms supplied by the New York State Department of Health.
 - (c) notify the local health authority of the name and address of the excluded child and of the immunization or immunizations the child lacks.
 - (d) provide, with the cooperation of the local health authority, for a time and place at which the required immunization(s) may be administered.

Please print: Student Name _____ Grade _____

Signature: Parent/Guardian _____ Date _____



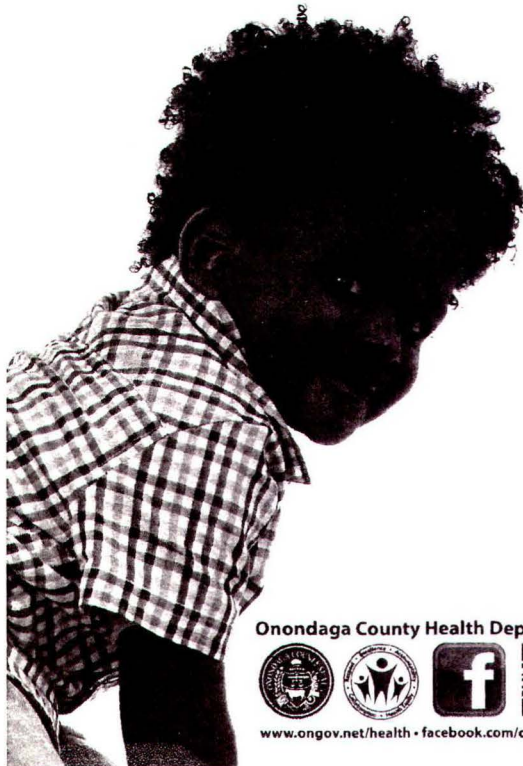
Onondaga County Health Department
Immunization Clinic

New Day! New Time! New Location!

Every Wednesday Morning

9:00AM—12 Noon

John H. Mulroy Civic Center,
421 Montgomery Street, Syracuse
Basement Level, Room 30



- * Walk-in clinic, no appointment needed
- * The cost is \$15.00 per child for each visit, however, no one is turned away due to inability to pay
- * Serves children 2 months—18 years old. A parent or guardian must be with children under 18 years of age
- * Please bring your child's shot records

PLEASE NOTE: This clinic serves people with public health insurance or no insurance. If you have private insurance, call your health care provider.

435-2000

Onondaga County Health Department



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2017-18 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades Pre-k through 9, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. (Exception: intervals between doses of polio vaccine DO NOT need to be reviewed for grades 4, 5, 10, 11 and 12.) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grades 10 through 12. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule.

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2 and 3	Grades 4 and 5	Grades 6, 7, 8 and 9	Grades 10, 11 and 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older			3 doses
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)³		Not applicable			1 dose
Polio vaccine (IPV/OPV)⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older	3 doses
Measles, Mumps and Rubella vaccine (MMR)⁵	1 dose			2 doses	
Hepatitis B vaccine⁶	3 doses			3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years	
Varicella (Chickenpox) vaccine⁷	1 dose	2 doses	1 dose	2 doses	1 dose
Meningococcal conjugate vaccine (MenACWY)⁸		Not applicable		Grades 7 and 8: 1 dose	Grade 12: 2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib)⁹	1 to 4 doses			Not applicable	
Pneumococcal Conjugate vaccine (PCV)¹⁰	1 to 4 doses			Not applicable	

1. Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday.
 - b. If the fourth dose of DTaP was administered at 4 years or older, the fifth (booster) dose of DTaP vaccine is not required.
 - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
 - d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. If the first dose was received before their first birthday, then 4 doses are required. If the first dose was received on or after the first birthday, then 3 doses are required. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years or older will meet the 6th grade Tdap requirement.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years or older will meet this requirement.
 - b. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
 - d. Intervals between the doses of polio vaccine do not need to be reviewed for grades 4, 5, 10, 11 and 12 in the 2017-18 school year.
 - e. If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the U.S. IPV schedule. If only OPV was administered, and all doses were given before age 4 years, 1 dose of IPV should be given at 4 years or older and at least 6 months after the last OPV dose.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for prekindergarten and grades 10 through 12. Two doses are required for grades kindergarten through 9.
 - d. Rubella: At least one dose is required for all grades (prekindergarten through 12).
6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks.
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine. (Minimum age: 6 weeks)
 - a. One dose of meningococcal conjugate vaccine (Menactra or Menveo) is required for students entering grades 7 and 8.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
 - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
 - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years or older.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. Unvaccinated children ages 7 through 11 months of age are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
 - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
 - e. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information, contact:

**New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

**New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433**

Talk to your child's doctor or nurse about the vaccines recommended for their age.

	Flu <i>Influenza</i>	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Hepatitis B	Hepatitis A		Inactivated Polio	MMR Measles, mumps, rubella	Chickenpox <i>Varicella</i>
				MenACWY	MenB							
7-8 Years	Green	Yellow		Green		Green	Yellow	Green	Yellow	Yellow	Yellow	Yellow
9-10 Years	Green	Yellow	Green/Blue	Green		Green	Yellow	Green	Yellow	Yellow	Yellow	Yellow
11-12 Years	Green	Green	Green	Green		Green	Yellow	Green	Yellow	Yellow	Yellow	Yellow
13-15 Years	Green	Yellow	Yellow	Green		Green	Yellow	Green	Yellow	Yellow	Yellow	Yellow
16-18 Years	Green	Yellow	Yellow	Green	Green	Green	Yellow	Green	Yellow	Yellow	Yellow	Yellow

More information:


Preteens and teens should get a flu vaccine every year.


Preteens and teens should get one shot of Tdap at age 11 or 12 years.


All 11-12 year olds should get a 2-shot series of HPV vaccine at least 6 months apart. A 3-shot series is needed for those with weakened immune systems and those age 15 or older.


All 11-12 year olds should get a single shot of a quadrivalent meningococcal conjugate vaccine (MenACWY). A booster shot is recommended at age 16.

Teens, 16-18 years old, **may** be vaccinated with a MenB vaccine.

 These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

 These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.

 These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at www.cdc.gov/vaccines/pubs/ACIP-list.htm.

 This shaded box indicates the vaccine is recommended for children not at increased risk but who wish to get the vaccine after speaking to a provider.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Diphtheria (Can be prevented by Tdap vaccination)

Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria bacteria can be passed from person to person by direct contact with droplets from an infected person's cough or sneeze. When people are infected, the bacteria can produce a toxin (poison) in the body that can cause a thick coating in the back of the nose or throat that makes it hard to breathe or swallow. Effects from this toxin can also lead to swelling of the heart muscle and, in some cases, heart failure. In serious cases, the illness can cause coma, paralysis, and even death.

Hepatitis A (Can be prevented by HepA vaccination)

Hepatitis A is an infection in the liver caused by hepatitis A virus. The virus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms can include fever, tiredness, poor appetite, vomiting, stomach pain, and sometimes jaundice (when skin and eyes turn yellow). An infected person may have no symptoms, may have mild illness for a week or two, may have severe illness for several months, or may rarely develop liver failure and die from the infection. In the U.S., about 100 people a year die from hepatitis A.

Hepatitis B (Can be prevented by HepB vaccination)

Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice. Symptoms of acute hepatitis B include fever, fatigue, loss of appetite, nausea, vomiting, pain in joints and stomach, dark urine, grey-colored stools, and jaundice (when skin and eyes turn yellow).

Human Papillomavirus (Can be prevented by HPV vaccination)

Human papillomavirus is a common virus. HPV is most common in people in their teens and early 20s. It is the major cause of cervical cancer in women and genital warts in women and men. The strains of HPV that cause cervical cancer and genital warts are spread during sex.

Influenza (Can be prevented by annual flu vaccination)

Influenza is a highly contagious viral infection of the nose, throat, and lungs. The virus spreads easily through droplets when an infected person coughs or sneezes and can cause mild to severe illness. Typical symptoms include a sudden high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle and joint pain. Extreme fatigue can last from several days to weeks. Influenza may lead to hospitalization or even death, even among previously healthy children.

Measles (Can be prevented by MMR vaccination)

Measles is one of the most contagious viral diseases. Measles virus is spread by direct contact with the airborne respiratory droplets of an infected person. Measles is so contagious that just

being in the same room after a person who has measles has already left can result in infection. Symptoms usually include a rash, fever, cough, and red, watery eyes. Fever can persist, rash can last for up to a week, and coughing can last about 10 days. Measles can also cause pneumonia, seizures, brain damage, or death.

Meningococcal Disease (Can be prevented by meningococcal vaccination)

Meningococcal disease is caused by bacteria and is a leading cause of bacterial meningitis (infection around the brain and spinal cord) in children. The bacteria are spread through the exchange of nose and throat droplets, such as when coughing, sneezing or kissing. Symptoms include sudden onset of fever, headache, and stiff neck. Meningococcal bacteria also cause blood infections. About one of every ten people who get the disease dies from it. Survivors of meningococcal disease may lose their arms or legs, become deaf, have problems with their nervous systems, become developmentally disabled, or suffer seizures or strokes.

Mumps (Can be prevented by MMR vaccination)

Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object, like a toy. The mumps virus causes swollen salivary glands under the ears or jaw, fever, muscle aches, tiredness, abdominal pain, and loss of appetite. Severe complications for children who get mumps are uncommon, but can include meningitis (infection of the covering of the brain and spinal cord), encephalitis (inflammation of the brain), permanent hearing loss, or swelling of the testes, which rarely results in decreased fertility.

Pertussis (Whooping Cough) (Can be prevented by Tdap vaccination)

Pertussis is caused by bacteria spread through direct contact with respiratory droplets when an infected person coughs or sneezes. In the beginning, symptoms of pertussis are similar to the common cold, including runny nose, sneezing, and cough. After 1-2 weeks, pertussis can cause spells of violent coughing and choking, making it hard to breathe, drink, or eat. This cough can last for weeks. Pertussis is most serious for babies, who can get pneumonia, have seizures, become brain damaged, or even die. About half of children under 1 year of age who get pertussis must be hospitalized.

Pneumococcal Disease (Can be prevented by pneumococcal vaccination)

Pneumonia is an infection of the lungs that can be caused by the bacteria called pneumococcus. This bacteria can cause other types of infections too, such as ear infections, sinus infections, meningitis (infection of the covering around the brain and spinal cord), and bacteremia (bloodstream infection). Sinus and ear infections are usually mild and are much more common than the

more serious forms of pneumococcal disease. However, in some cases pneumococcal disease can be fatal or result in long-term problems, like brain damage and hearing loss. Pneumococcal disease spreads when people cough or sneeze. Many people have the bacteria in their nose or throat at one time or another without being ill—this is known as being a carrier.

Polio (Can be prevented by IPV vaccination)

Polio is caused by a virus that lives in an infected person's throat and intestines. It spreads through contact with the stool of an infected person and through droplets from a sneeze or cough. Symptoms typically include sore throat, fever, tiredness, nausea, headache, or stomach pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, about 2 to 10 children out of 100 die because the virus affects the muscles that help them breathe.

Rubella (German Measles) (Can be prevented by MMR vaccination)

Rubella is caused by a virus that is spread through coughing and sneezing. In children rubella usually causes a mild illness with fever, swollen glands, and a rash that lasts about 3 days. Rubella rarely causes serious illness or complications in children, but can be very serious to a baby in the womb. If a pregnant woman is infected, the result to the baby can be devastating, including miscarriage, serious heart defects, mental retardation and loss of hearing and eye sight.

Tetanus (Lockjaw) (Can be prevented by Tdap vaccination)

Tetanus is caused by bacteria found in soil, dust, and manure. The bacteria enters the body through a puncture, cut, or sore on the skin. When people are infected, the bacteria produce a toxin (poison) that causes muscles to become tight, which is very painful. Tetanus mainly affects the neck and belly. This can lead to "locking" of the jaw so a person cannot open his or her mouth, swallow, or breathe. Complete recovery from tetanus can take months. One to two out of 10 people who get tetanus die from the disease.

Varicella (Chickenpox) (Can be prevented by varicella vaccination)

Chickenpox is caused by the varicella zoster virus. Chickenpox is very contagious and spreads very easily from infected people. The virus can spread from either a cough, sneeze. It can also spread from the blisters on the skin, either by touching them or by breathing in these viral particles. Typical symptoms of chickenpox include an itchy rash with blisters, tiredness, headache and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.

If you have any questions about your child's vaccines, talk to your healthcare provider.

Free clinics and community health centers in Onondaga county.

Below are the listings of free and low cost clinics in Onondaga county. These clinics can help low-income and uninsured people by offering free and discounted rates for medical and/or dental care. We welcome user reviews and corrections of clinic listings, as we strive to provide our users with the best and most up-to-date information possible. Simply click on the clinic listing for more information.

Amaus Health Services At The Cathedral Of The Immaculate Conception

Location: Syracuse, NY - 13202

Contact Phone: 315424-1911

Remarks: Interim primary care with compassion for the economically and socially vulnerable who are having difficulty with access to medical care, no ob or gyn

Bellevue Middle School

Location: Syracuse, NY - 13207-1222

Contact Phone: 315-634-7432

Services: Adult Medicine, Pediatrics, OB/GYN, Dental Care, Eye Care, Podiatry, Walk-In Care (Urgent Care), Comprehensive Medicaid Case Management, Individual and Family Services (IFS), OAS, HIV Services

Remarks: Community Health, Urban Area, Permanent Clinic, Year-Round, Full-Time (open 40 hours per week)

Delaware Elementary Sbhc

Location: Syracuse, NY - 13204-3826

Contact Phone: 315-435-4452

Services: Adult Medicine, Pediatrics, OB/GYN, Dental Care, Eye Care, Podiatry, Walk-In Care (Urgent Care), Comprehensive Medicaid Case Management, Individual and Family Services (IFS), OAS, HIV Services

Remarks: Community Health, Urban Area, Permanent Clinic, Year-Round, Full-Time (open 40 hours per week)

Dr. King Elementary Sbhc

Location: Syracuse, NY - 13202-3951

Contact Phone: 315-435-4031

Services: Adult Medicine, Pediatrics, OB/GYN, Dental Care, Eye Care, Podiatry, Walk-In Care (Urgent Care), Comprehensive Medicaid Case Management, Individual and Family Services (IFS), OAS, HIV Services

Remarks: Community Health, Urban Area, Permanent Clinic, Year-Round, Full-Time (open 40 hours per week)

Dr. Weeks Elementary Sbhc

Location: Syracuse, NY - 13203-2924

Contact Phone: 315-435-4030

Services: Adult Medicine, Pediatrics, OB/GYN, Dental Care, Eye Care, Podiatry, Walk-In Care (Urgent Care), Comprehensive Medicaid Case Management, Individual and Family Services (IFS), OAS, HIV Services

Remarks: Community Health, Urban Area, Permanent Clinic, Year-Round, Full-Time (open 40 hours per week)

Fowler High School Sbhc

Location: Syracuse, NY - 13204-2707

Contact Phone: 315-435-4019

Services: Adult Medicine, Pediatrics, OB/GYN, Dental Care, Eye Care, Podiatry, Walk-In Care (Urgent Care), Comprehensive Medicaid Case Management, Individual and Family Services (IFS), OAS, HIV Services

Remarks: Community Health, Urban Area, Permanent Clinic, Year-Round, Full-Time (open 40 hours per week)

Lafayette Family Health Center (schc)

Location: La Fayette, NY - 13084-3352

Contact Phone: 315-677-9347

Services: Adult Medicine, Pediatrics, OB/GYN, Dental Care, Eye Care, Podiatry, Walk-In Care, comprehensive medicaid Case Management, Individual And Family Services (IFS), OAs, HIV Services

Remarks: Community Health, Rural Area, Permanent Clinic, Full-Time (open 36 hours per week)

Onondaga Nation Health Center

Location: Nedrow, NY - 13120

Contact Phone: 315-469-6449

Services: Dental Care Services, Mental Health/Substance Abuse Services, Obstetrical and Gynecological Care, Other Professional Services, Primary Medical Care, Specialty Medical Care

Remarks: Year round

Planned Parenthood - Syracuse Center

Location: Syracuse, NY - 13210

Contact Phone: 866.600.6886

Services: Abortion Services, Birth Control, HIV Testing, Morning after pill(Emergency contraception), Pregnancy Testing & services, STD Testing, Treatment & Vaccines, Women's Health Care.

Remarks: To schedule your appointment, please use the electronic request button or call 1-866-600-6886. We have many convenient appointment times available, some as soon as today or tomorrow! Helpline Hours: Monday-Friday: 8:30am-5:30pm. Please note: Monday-Friday, 1

Rescue Mission Clinic

Location: Syracuse, NY - 13202-2341

Contact Phone: 315-701-3870

Remarks: Community Health, Urban Area, Permanent Clinic, Year-Round, Full-Time (open 6 hours per week)

Ross Towers Apts Health Center

Location: Syracuse, NY - 13203-2257

Contact Phone: 315-473-8506

Services: Adult Medicine, Pediatrics, OB/GYN, Dental Care, Eye Care, Podiatry, Walk-In Care (Urgent Care), Comprehensive Medicaid Case Management, Individual and Family Services (IFS), OAS, HIV Services

Remarks: Community Health, Urban Area, Permanent Clinic, Year-Round, Part-Time (open 2 hours per week)

Schc - East Health Center

Location: Syracuse, NY - 13210-1339

Contact Phone: 315-474-4077

Services: Adult Medicine, Pediatrics, OB/GYN, Dental Care, Eye Care, Podiatry, Walk-In Care (Urgent Care), Comprehensive Medicaid Case Management, Individual and Family Services (IFS), OAS, HIV Services

Remarks: Community Health, Urban Area, Permanent Clinic, Year-Round, Full-Time (open 44 hours per week)

Schc Pediatrics At 1200 E. Genesee Street

Location: Syracuse, NY -

Contact Phone: 315-475-6101

Services: Adult Medicine, Pediatrics, OB/GYN, Dental Care, Eye Care, Podiatry, Walk-In Care (Urgent Care), Comprehensive Medicaid Case Management, Individual and Family Services (IFS), OAS, HIV Services

Remarks: Community Health, Urban Area, Permanent Clinic, Full-Time (open 32 hours per week)

Schc South Site

Location: Syracuse, NY - 13207-2004

Contact Phone: 315-234-8336

Services: Adult Medicine, Pediatrics, OB/GYN, Dental Care, Eye Care, Podiatry, Walk-In Care (Urgent Care), Comprehensive Medicaid Case Management, Individual and Family Services (IFS), OAS, HIV Services

Remarks: Community Health, Urban Area, Permanent Clinic, Year-Round, Part-Time (open 16 hours per week)

Schc West Health Center

Location: Syracuse, NY - 13204-3127

Contact Phone: 315-424-0800

Services: Adult Medicine, Pediatrics, OB/GYN, Dental Care, Eye Care, Podiatry, Walk-In Care (Urgent

Care), Comprehensive Medicaid Case Management, Individual and Family Services (IFS), OAS, HIV Services

Remarks: Community Health, Urban Area, Permanent Clinic, Year-Round, Full-Time (open 40 hours per week)

Southwest Health Center

Location: Syracuse, NY - 13204-4141

Contact Phone: 315-471-6600

Services: Adult Medicine, Pediatrics, OB/GYN, Dental Care, Eye Care, Podiatry, Walk-In Care (Urgent Care), Comprehensive Medicaid Case Management, Individual and Family Services (IFS), OAS, HIV Services

Remarks: Community Health, Urban Area, Permanent Clinic, Year-Round, Part-Time (open 4 hours per week)

Syracuse Community Health Center - East

Location: Syracuse, NY - 13210

Contact Phone: 315-474-4077

Services: Dental Care Services, Mental Health/Substance Abuse Services, Obstetrical and Gynecological Care, Other Professional Services, Primary Medical Care, Specialty Medical Care

Remarks: Year round

Syracuse Community Health Center - Ross Towers

Location: Syracuse, NY - 13203

Contact Phone: 315-473-8506

Services: Dental Care Services, Mental Health/Substance Abuse Services, Obstetrical and Gynecological Care, Other Professional Services, Primary Medical Care, Specialty Medical Care

Remarks: Part time

Syracuse Community Health Center - Southwest

Location: Syracuse, NY - 13204

Contact Phone: 315-471-6600

Services: Dental Care Services, Mental Health/Substance Abuse Services, Obstetrical and Gynecological Care, Other Professional Services, Primary Medical Care, Specialty Medical Care

Remarks: Part time

Syracuse Community Health Center - West

Location: Syracuse, NY - 13204

Contact Phone: 315-424-0800

Services: Dental Care Services, Mental Health/Substance Abuse Services, Obstetrical and Gynecological Care, Other Professional Services, Primary Medical Care, Specialty Medical Care

Remarks: Year round

Syracuse Community Health Center, Inc

Location: Syracuse, NY - 13202

Contact Phone: 315-476-7921

Services: Dental Care Services, Enabling Services, Mental Health/Substance Abuse Services, Obstetrical and Gynecological Care, Other Professional Services, Primary Medical Care, Specialty Medical Care

Remarks: Administrative/Clinic

Syracuse Community Health Center, Inc.

Location: Syracuse, NY - 13202-3527

Contact Phone: 888-867-2025

Services: Adult Medicine, Pediatrics, OB/GYN, Dental Care, Eye Care, Podiatry, Walk-In Care (Urgent Care), Comprehensive Medicaid Case Management, Individual and Family Services (IFS), OAS, HIV Services

Remarks: Community Health, Urban Area, Permanent Clinic, Year-Round, Full-Time (open 100 hours per week)

Onondaga Central Schools

STUDENT HEALTH EXAMINATION FORM (To be completed by private health care provider or school medical director)

Note: NYSED requires an annual physical exam for new entrants and students in Grades pre-K or K, 2, 4, 7 & 10, interscholastic sports and working papers

Name: _____ DOB: _____ Gender: M F
 School: _____ Grade: N/A Exam Date: _____

IMMUNIZATIONS

Immunization record attached Immunizations received today: _____
 Immunizations reported on NYSIS
 No immunizations received today Will return on: _____ to receive: _____

HEALTH HISTORY

Asthma: Intermittent Persistent Asthma Action Plan Attached
 Diabetes: Type I Type 2 Hyperlipidemia Hypertension Diabetes Medical Mgmt Plan Attached
 Seizures Type: _____ Last Occurrence: _____ Emergency Care Plan Attached
 Allergies: Non Life-Threatening Life-Threatening Emergency Care Plan Attached
 Type: Food Insect Latex Medication Seasonal/Environmental Other: _____
 Allergen(s): _____
 Hx of Anaphylaxis: Last occurrence: _____ Previous symptoms: _____
 Treatment prescribed: None Antihistamine Epinephrine Autoinjector

Significant Medical/Surgical Information:	Positive	Negative	Not Done	Date
Sickle Cell Screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Elevated Lead:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Vision one eye only One functioning kidney One testicle Concussion - Last occurrence: _____

PHYSICAL EXAMINATION

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

Scoliosis: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Vision		Right	Left	Referral
Degree of deviation: _____	Distance acuity				<input type="checkbox"/> Yes <input type="checkbox"/> No
Angle of trunk rotation via scoliometer: _____	Distance acuity with lenses				<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight Status Category (BMI Percentile): <input type="checkbox"/> <5 th <input type="checkbox"/> 85 th - 94 th <input type="checkbox"/> 5 th - 49 th <input type="checkbox"/> 95 th - 98 th <input type="checkbox"/> 50 th - 84 th <input type="checkbox"/> 99 th & higher	Vision - near vision				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vision - color perception		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hearing		Right	Left	Referral
		<input type="checkbox"/> 20 db sweep screen both ears or			<input type="checkbox"/> Yes <input type="checkbox"/> No

Check developmental stage (ONLY for Athletic Placement Process for 7th & 8th graders): **Tanner:** I II III IV V

SYSTEM REVIEW AND EXAM ENTIRELY NORMAL Additional information attached
 Specify any abnormalities: _____

Name: _____

DOB: _____

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

- Full Activity** without restrictions including Physical Education and Athletics.
 - Restrictions/Adaptations** (please base restrictions/modifications on the following Interscholastic Sports Category)
 - No Contact Sports** includes: basketball, baseball, field hockey, ice hockey, lacrosse, soccer, football, softball, volleyball, competitive cheerleading and wrestling
 - No Non-Contact Sports** includes: archery, bowling, cross-country, golf, gymnastics, rifle, swimming and diving, skiing, tennis, track & field, fencing, badminton
 - Other Specific Restrictions:**
- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Accommodations: | <input type="checkbox"/> Protective Equipment | <input type="checkbox"/> Sport Safety Goggles | <input type="checkbox"/> Pacemaker |
| | <input type="checkbox"/> Medical/Prosthetic Device | <input type="checkbox"/> Athletic Cup | <input type="checkbox"/> Insulin Pump/Insulin Sensor |
| | <input type="checkbox"/> Brace/Orthotic | <input type="checkbox"/> Hearing Aides | <input type="checkbox"/> Other: |

MEDICATION HISTORY (optional)

Please list names of prescribed or OTC medications used on a routine basis at home

_____	_____
_____	_____

MEDICATION REQUIRED DURING SCHOOL/SCHOOL SPONSORED EVENTS REQUESTED BY HEALTH CARE PROVIDER

Independent Use and Carry Option: NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medication, epinephrine autoinjector, insulin, glucagon and diabetes supplies, or other medications requiring rapid administration and parent/guardian permission to allow this option in schools.

Required Independent Use and Carry Attestation documentation is attached.

Diagnosis	ICD Code	Medication Name	Dose	Route	Time

REQUIRED PARENT/GUARDIAN PERMISSION FOR MEDICATION USE AT SCHOOL - VALID FOR 1 YEAR

Parent/Guardian Permission: I request the school nurse give the medications listed on this plan; or after the nurse determines my child can take their own medications, trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with staff caring for my child

Parent/Guardian Signature: _____

HEALTH CARE PROVIDER

All information contained herein is valid through the last day of the month for 12 months from the date below.

Medical Provider Signature: _____	Date: _____
Provider Name: (please print) _____	Phone #: _____
Provider Address: _____	Fax #: _____

Return to:

School Nurse: <u>Deborah J. Rohe, RN</u>	School: <u>OCS Jr-Sr HS</u>
Phone #: (315)552-5026	Fax: (315)552-5027
Date: _____	

Onondaga Junior-Senior High School
4479 South Onondaga Road
Nedrow, New York 13120

Health Office
Deborah Rohe, RN
Phone: (315) 552-5026
Fax: (315) 552-5027

To: Parent/guardian
From: Deborah Rohe, RN, High School Nurse
Re: New Registrants physical exam requirement

The New York State Department of Education requires that a completed health certificate be provided for **EACH CHILD REGISTERING FOR SCHOOL**. In addition, each child entering the second, fourth, seventh and tenth grade is required to have an updated physical (one performed within 12 months of the first day of classes).

The New York State Department of Education requires that a completed health certificate be provided for each child participating in school sports. Physicals for participation in school sports may be scheduled at any time during the calendar year. The results of the physical shall be valid for a period of 12 months through the last day of the month in which the physical was conducted. If the 12-month period expires during a sports season, participants may complete the season as long as a health history was conducted prior to the season. The sports season includes tryouts.

Your child is entering OCS Jr-Sr High and a current physical is required within 30 days of starting school. (Physical must be performed within 12 months of the first day of starting classes.)

It is suggested that these examinations be done by the family physician, as he/she is most familiar with your child. Your family physician is better able to judge any change or problem in your child's state of health, and can discuss any recommendations with you directly at that time. They can also update your child's immunizations.

If your child has already had a recent physical exam or you are scheduling one, please have your primary care provider complete the enclosed physical appraisal form and return to the school nurse. These may be faxed to me at 552-5027 or mailed to the high school health office.

Dear Parent or Guardian:

As a part of your child's requirements for school, a physical examination has been required for students in Prekindergarten or Kindergarten and in Grades 2, 4, 7 and 10 and all new enterers. A law was recently enacted that expands health screenings to include the dental health of students in New York State.

After September 1, 2008, when we require that your child have a physical examination, we will be requesting a dental certificate as well. There is a sample certificate available for you to take to your child's dentist and once it is completed, it should be returned to the School Nurse, as it will be filed in your child's Cumulative Health Record.

Thank you for your cooperation in this new health endeavor. Our children will benefit when we work together to promote the health and achievement of all students.

Please call the school's Health Office at 552-5026 if you have any questions or concerns.

Deborah Rohe, RN

Jr-Sr High School Nurse

