

Dear Parent/Guardian

Vaccines: ALL students MUST have

- 4 doses of **TETANUS, DIPHTHERIA, PERTUSSIS (DTap)** – 1st dose on or after the 4th birthday
- 4 doses of **POLIO**, 4th dose at/after age 4; dose at least 6 months after previous dose.
- 2 doses of **MEASLES, MUMPS & RUBELLA, (MMR)**– 1st dose on/after age 1
- 3 doses of **HEPATITIS B** (properly spaced)
- 2 doses of **CHICKEN POX (VARICELLA)** – 1st dose on/after 1st birthday

7th Graders MUST have:

1 meningococcal & 1 TDap vaccine

Physical Exam & Vaccine Records: Kindergarten, 6th, 9th graders, NEW students & Students with a Medical Issue.

The policy of the Archdiocese of Philadelphia with respect to vaccinations, requires all children to be vaccinated against a wide variety of diseases. Exceptions are not granted, except for medical reasons.

<https://files.ecatholic.com/19113/documents/2024/1/Immunization-Policy-Rationale.pdf?t=1705085590000>

Scoliosis Screening: 6th & 7th graders MUST have an exam

Your child's doctor is to complete the attached physical exam form. The completed form is then given to the School Nurse. Please make sure that your doctor attaches an updated vaccine record to the physical, as stated on the form

6th graders- your child's doctor is to perform the scoliosis screening during the physical exam.

7th graders can bring in doctor's results of the scoliosis exam.

6th & 7th Grader: The School Nurse will perform a scoliosis exam if a physical has not been handed in.

Dental Examination: Kindergarten, 3rd, 7th graders & NEW students

The dentist is to complete the attached dental form and then give it to the School Nurse

Medication brought to school must be in pharmacy box as well as have MED-1 and S865 completed **YEARLY**

Every New School Year a doctor must complete the appropriate school district form for each medication that will be given in school. Medication must come to school in the pharmacy box. Contact the School Nurse for further instructions. At the end of the school year a parent/guardian needs to come to school to collect the medication or it will be discarded on the last day of school. If needed you can get Physicals, Vaccinations, or Dental forms completed at any health Center.

Please stay safe! Nurse Marjorie

THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES
REPORT OF PHYSICAL EXAMINATION

Name of Student	Date of Birth	Student ID #	Grade
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Name of School <i>Conrad Weiser School</i>	Room/Section/Book	Date Issued
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TO THE PARENT/GUARDIAN:

I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.

Parent/Guardian Signature _____ Date _____

RECORD OF VACCINE ADMINISTRATION

Please attach complete immunization record including serology results if available.

■ Allergies _____ ■ Date of last PPD _____ Result _____ mm

Does this student have health insurance? Yes _____ No _____ Name of Insurance Provider: _____

RECORD THE FOLLOWING

1. Visual Acuity: Without Glasses: R _____ L _____ With Glasses: R _____ L _____

2. Audiometric Screening: R _____ L _____ 3. BP _____

4. Height _____ inches / cm Weight _____ lb. / kg BMI percentile _____

5. Scoliosis Screening: _____ Normal _____ Abnormal _____ Referred _____ No Referral

6. Activity Recommendation: _____ Full Physical Activity _____ Restricted Physical Activity
(Must Complete Phys. Ed. Medical Exemption/Program Modification Form MEH-23)
Specify Restrictions: _____

7. List all medications currently being taken:
Medication: _____ Reason: _____

8. List ALL problems by history or examination: Circle status of problem

1. _____	Under Care	Care Complete	Referred
2. _____	Under Care	Care Complete	Referred
3. _____	Under Care	Care Complete	Referred

_____ No Problems Identified

Comments / follow-up treatment plan / Special instructions to school:

Signature of Care Provider (REQUIRED)	Telephone Fax	Care Provider office stamp (REQUIRED)
Address	Date of Exam	

THE SCHOOL DISTRICT OF PHILADELPHIA
REPORT OF PRIVATE DENTAL EXAMINATION

Name of School <i>Our Lady of Port Richmond</i>		Student ID	Date Issued	
Name of Student		Date of Birth	Room/Section/Book	Grade
<p>TO THE DENTIST <i>Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).</i></p> <p><i>These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.</i></p> <p><i>Thank you for your cooperation.</i></p>				
UNDER TREATMENT / WORK BEGUN			COMPLETION OF WORK / NO TREATMENT NECESSARY	
Date Work Begun			<input type="checkbox"/> No Treatment Required Now	
Scheduled Follow-up Appointment			<input type="checkbox"/> All Necessary Dental Work Completed	
Date of Dental Examination			Expected Completion Date	
Comments / Follow-up Treatment / Special Instructions to School				
Name of Dentist			Telephone	
Signature of Dentist			Date Signed	
Address			Fax Number	

IMPORTANT:

Return this form to:

M. Karpinski RN, BSN, M.Ed., CSN
 Certified School Nurse/Practitioner

Our Lady of Port Richmond
 School

3233 Thompson Street
 School Address

215-739-1920
 Phone Number