

Health Form Part I and II Information

Dear Parents,

July 2019

1. Please return your child's completed and signed (by your child's physician) **Health Form Part I and II** by **Wednesday, August 14th**.
2. If your child's next physical examination is scheduled for after August 14th, then please do the following:
 - ✓ Submit a copy of your child's most recent physical examination report and immunization record and send in both by the due date of August 14th. If you wish, you may make a copy of the enclosed Health Form Part I and II to give to your doctor to complete and retain the other copy to be used at your child's upcoming physical examination.
3. **Regarding "NYS Legislation Removal of Non-Medical Exemptions from School Vaccination Requirements"** - It is important for families to know that on June 13, 2019, New York State has removed non-medical exemptions from school vaccination requirements. There is no longer a religious exemption to the requirement that children be vaccinated against measles and other diseases to attend either public, private or parochial school (for students in pre-kindergarten through 12th grade), or child day care settings. **St. James Lutheran Preschool falls into the private preschool category, and therefore, must follow this new law.** New York State has provided for a vaccination catch-up schedule for those families who were religiously exempt under the old law. For more information regarding this make-up schedule, please visit the NYS Department of Health's website or speak with your child's pediatrician.
4. Health Form Part I and II may either be mailed via stamp to the Preschool Office, faxed to our secure fax, or placed in our secure RED mailbox located outside our Preschool Office doors.

If you have any questions, regarding your child's Health Form Part I or II, please do not hesitate to contact me in the Preschool Office.

Kind regards,

Mrs. Johansson
Director

St. James Lutheran Preschool – Health Form Part I and II

229 Second Avenue, St. James, NY 11780
 Phone: (631) 862-8934 Fax: (631) 862-7809

..... **To be completed by PEDIATRICIAN**

Today's Date: _____ Child's Name _____ Age ____ DOB _____

HEALTH FORM PART I: IMMUNIZATIONS RECORD (fill in or attach a copy to this form)

Immunization	Date (m/d/y)	Date (m/d/y)	Date (m/d/y)	Date (m/d/y)
DTaP/DPT/Tdap	#1	#2	#3	#4
Polio (IPV/OPV)	#1	#2	#3	#4
Measles, Mumps, Rubella (MMR)	#1			
Hepatitis B	#1	#2	#3	
Varicella (Chickenpox)	#1			
Haemophilus Influenza type b (Hib)	#1	#2	#3	
Pneumococcal Conjugate Vaccine (PCV)	#1	#2	#3	
Influenza	#1	#2	#3	
TB Tine	#1			

HEALTH FORM PART II: PHYSICAL EXAMINATION (if needed, please attach any additional health information to this form)

Allergies: None Known Yes, Please list: _____

Lead Screening done: No Yes Date: _____ Results: _____

Select One: Child can participate **without restrictions** - Child was found in general good health and is able to participate in normal physical activity.

Child can participate **with restriction(s)** – Child was found to have a physical and/or medical condition which requires the following restriction(s):
 Physical and/or Medical Condition(s): _____
 Restriction(s): _____

Pediatrician's Stamp:

_____ **Pediatrician's Signature** _____ **Date** _____