

CITY SCHOOL DISTRICT OF NEW ROCHELLE HEALTH SERVICES DEPARTMENT

515 North Avenue New Rochelle, New York 10801

| Door Doronta/Cuardians | Data |
|-------------------------|------|
| Dear Parents/Guardians, | Date |

As of July 1, 2018 New York State law requires a health examination for all students entering the school district for the first time and when entering Pre-K or K, 1st, 3rd, 5th, 7th, 9th, and 11th grade.

The examination must be completed by a New York State licensed physician, physician assistant or nurse practitioner and on the approved NYSED Student Health Examination Form for School.

The Approved NYSED Student Health Examination Form for Schools is available online: http://www.p12.nysed.gov/sss/documents/ReqNYSSchoolHealthExamForm.pdf

We understand that your medical provider's office may not yet be aware of the change, so if you have already had a physical examination completed for the 2018-19 school year on a different form, the school may accept the physical on that form. In 2019-2020 ONLY the approved form will be accepted.

- A copy of the health examination must be provided to the school within 30 days from when your child first starts at the school, and when your child starts K, 1st, 3rd, 5th, 7th, 9th, & 11th grades. If a copy is not given to the school within 30 days, the school will contact you.
- If your child has an appointment for an exam during this school year that is after the first 30 days of school, please notify the Health Office with the date.
- Communication between private and school health staff is important for safe and effective care at school.
 Your healthcare provider may not share health information with school health staff without your signed permission. Please talk to your provider about signing their consent form for the school at the time of your child's appointment for the examination.

We suggest you make copies of the completed forms for your own records before sending them to the school health office. Forms may also be faxed to the number below.

Sincerely,

| School Nurse: | | School: |
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| Phone #: | Fax: | Email: |