

Tuckahoe School District Health Office

Tuckahoe Preschool, 53 Winter Hill Rd. (ICS), Tuckahoe, NY 10707
W. E. Cottle Elementary School, 2 Siwanoy Blvd., Eastchester, NY 10709
Tuckahoe Middle/High School, 65 Siwanoy Blvd., Eastchester, NY 10709

Dear Parents,

Enclosed you will find an Emergency Information Card and Medical Forms for the Student's Health Record. Hopefully, we will have a healthy year without any emergencies or illness. But, in the event we do, it is very important for us to have updated information and a card listing dependable persons and their phone numbers for immediate contact. Please try to list more than one person to insure the availability of a responsible adult. Students who are ill and are going home must leave school with a parent or other adult. The parents or adult must come into the Nurse's Office and escort the student home.

If your child is seriously ill, hospitalized, absent for five (5) days or more, diagnosed with a contagious illness, is injured and has a cast on an extremity or is using crutches, or is seeking medical attention for an illness, a note from the attending physician is required upon return to school. This note should state the diagnosis, limitations (i.e. gym, sports), and permission to return to school.

If your child is in **Kindergarten, Second, Fourth, Seventh or Tenth** grade, or is New to this school district, a recent physical (within one year of enrollment) and a dental examination are required. Enclosed are the mandatory immunization requirements for the District.

As of September 2005, New York State requires that all students entering 6th grade show documentation of either having had the chicken pox (varicella) or immunization against the disease.

As of September 1, 2007, New York State requires that students entering 6th grade and 11 years of age or older must receive an immunization of TDaP.

To comply with New York State Regulations, these forms must be returned to the appropriate health office by August 15.

Thank You,

Adrienne Notaro, R.N., W. E. Cottle School
Noreen Gosdin, R.N., Tuckahoe Middle/HS

(914) 337-5376 Ext 1282
(914) 337-5376 Ext. 1236

TUCKAHOE UNION FREE SCHOOL DISTRICT

Health Office

Student Physical Exam

Name _____ Grade _____ Birthdate _____ Gender _____

Address _____ School _____

LEGEND N = Normal X = Abnormal NE = Not Examined

Height _____ Weight _____ Pulse _____ Blood Pressure _____ Urinalysis _____

B.M.I. _____ Wt. Status Category (B.M.I. percentile) _____ less than 5th 5th to 49th 50th to 84th
85th to 94th 95th to 98th 99th and above

General Body Build _____ Abnormal Masses _____ Skin _____ Eyes _____

Ears _____ Nose _____ Throat _____ Teeth _____ Neck _____

Lungs _____ Heart _____ Chest _____ Liver _____ Spleen _____ Neurological _____

Joint Function: Neck _____ Shoulders _____ Elbows _____ Wrists _____ Hands _____

Hips _____ Knees _____ Ankles _____ Feet _____ Scoliosis _____

Hernia _____ Genitalia _____ Vision: R _____ L _____ Hearing: R _____ L _____

Specific Medical Condition _____ Allergies _____

IMMUNIZATION BOOSTERS

HIB _____ Varicella : date of disease _____ date of vaccine _____

DPT _____ Tdap _____ Tuberculin Mantoux _____ Result _____

Polio _____ MMR (1) _____ (2) _____ Other _____

Hepatitis B (1) _____ (2) _____ (3) _____ Hepatitis A (1) _____ (2) _____ (3) _____

PHYSICIAN'S COMMENTS/RECOMMENDATIONS

This person is in Satisfactory Condition and
May engage in All School/ Sports Activities
Except as noted

The N.Y. S. Education law requires that every
school child have a physical examination upon
entrance to school, and at grades 2 4 7 & 10.

Date of Examination: _____

Physician's Signature: _____ (Print or Stamp) _____

Address: _____ Phone: _____

I have reviewed the medical information provided by the private physician. According to this information this student may participate in Sports.

School Physician's Signature/Stamp: _____

Date: _____