

AUGUSTINIAN ACADEMY



317 West Street, Carthage, NY 13619
(315)493-1301, FAX (315)493-0632
www.caugustinian.org

Dear Parents/Guardians of: _____ Grade: _____ Date: _____

This letter is to inform you of the screening requirements for the academic school year.

Health appraisals are required for all students newly entering the district, students in Pre-Kindergarten or Kindergarten, Grades 1, 3, 5, 7, 9 and 11. The examination must be completed by a New York State licensed provider, or military sponsored healthcare provider as required by New York State. Acceptable health appraisals shall not be dated more than twelve months prior to the start of the school year in which the examination is required. **The health appraisal must be completed on the required NYS Health Examination form.** Health appraisals are required for interscholastic sports. If you would like a health appraisal completed by the School Physician please contact the School Health Office.

- A copy of the health examination must be provided to the school within **30 days** from when your child enters Pre K or K, 1, 3, 5, 7, 9 and 11 grade. If you have an updated health examination on file, you may send it in now.
- A dental certificate which states your child has been seen by a dentist or dental hygienist is asked for (optional) for grades Pre K or K, 1, 3, 5, 7, 9 and 11. The school can provide you with a list of dentists and registered dental hygienists who offer free or reduced dental services.
- An immunization record will be required upon enrollment. The New York State immunization requirements can be found on our school website and at www.health.ny.gov.
- Vision/hearing/scoliosis screening may be completed by the school health office as needed.
- If your child requires medication at school a medication order must be completed.
- You may find all of the required forms on our school website or contact the main office.

Return completed form to the School Nurse

Check one (1):

- I have attached a copy of the completed required health certificate form signed by a New York State licensed provider, or military sponsored healthcare provider as required by New York State.
- My student has an appointment on Date/Time _____ with _____. I will send a copy of the completed health certificate form signed by a New York State licensed provider, or military sponsored healthcare provider as required by New York State to the school nurse immediately following the appointment.
- Parent Signature: _____ Date: _____