ANNUNCIATION
B.V.M. SCHOOL

Dear Parents,

Enclosed in this packet you will find a dental and physical exam paper. **The school health law of Pennsylvania requires a dental and physical examination prior to the entry of school.** To ensure maximum benefit to your child, we urge that these examinations be done by your family dentist and physician prior to the entry of school. Please have any immunizations updated at this time. All forms need to be returned to the school by August 1st. Thank you for your participation and cooperation in your school health program.

Sincerely,

Mrs. Cook

Mrs. Cook

Parochial Nurse

316 North Street, McSherrystown, Pennsylvania 17344
Phone 717-637-3135 † Fax 717-637-1715
E-Mail Address: abvmbusoff@abvmschool.org
www.abvmschool.org

MSA CESS
Accredited by the Middle States Commission on Elementary Schools

Attention Parents/Guardians

DON'T WAIT! VACCINATE NOW!

FOR ATTENDANCE IN ALL GRADES children need the following:

- 4 doses of tetanus*
  (1 dose on or after the 4th birthday)
- 4 doses of diphtheria*
  (1 dose on or after the 4th birthday)
- 3 doses of polio
- 2 doses of measles**
- 2 doses of mumps**
- 1 dose of rubella (German measles)**
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) vaccine or history of disease

*Usually given as DTP or DTaP or DT or Td
**Usually given as MMR

Children ATTENDING 7th grade need the following:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)[if 5 years has elapsed since last tetanus immunization]
- 1 dose of meningococcal conjugate vaccine (MCV)

These requirements allow for medical reasons and religious beliefs.
If your child is exempt from immunizations, he/she may be removed from school during an outbreak.

Pennsylvania's school immunization requirements can be found in 28 PA.CODE CH.23 (School Immunization)

Contact your health care provider or 1-877 PA HEALTH for more information

pennsylvania
DEPARTMENT OF HEALTH

CONEWAGO VALLEY SCHOOL DISTRICT

ANNUNCIATION BVM SCHOOL

HEALTH SURVEY

Our records must be updated yearly. Please fill this form out completely and return it to the school immediately.

_____ _____ _____

Name of Student Date of Birth Grade/Teacher

Home Address _____ Telephone _____

Father's Name _____

Place of Employment _____ Telephone _____

Mother's Name (Maiden) _____

Place of Employment _____ Telephone _____

Is student living with parents: Both Parents_____, Father _____, Mother _____, or a

Guardian _____. Is this a relative? _____ If so how are they related? _____

Name of Student's Physician _____ Dentist _____

Is your child restricted in physical activities? Please explain _____

_____

_____

_____

If you have updated your child's immunizations in the past year – please send us a current copy of their complete immunization record signed or stamped by your healthcare provider. (This may be faxed to 717-637-1715)

--- PLEASE TURN TO THE BACK TO COMPLETE SURVEY ---

PLEASE CIRCLE ANY CONDITIONS YOUR CHILD MAY HAVE.

Conditions	Explain medical treatment/medications	Conditions	Explain medical treatment/medications
Allergy Severe Allergies (Epi-Pen)		Hearing Problems/ Tubes/Aides Infections/Hearing	
Arthritis/Rheumatic Disease		High Blood Pressure	
Asthma		Immunosuppresive Conditions	
Attention Deficit Disorder/Hyperactivity (ADD/ADHD)		Tumors/Cancer	
Birth Defects/ Developmental Problems		Neurological Disorders	
Bleeding Disorders/Anemia		Orthopedic concerns (Bone Problems) Scoliosis	
Cardiovascular Conditions/Heart Problems		Psychiatric/Emotional Counseling	
Connective Tissue Disorders (ie) Lupus		Seizure Disorders/ Convulsive Disorders	
Cystic Fibrosis Cerebral Palsy		Sickle Cell Disease	
Diabetes		Vision/Color Deficit Glasses/Contacts	
Eating Disorders		Weight Disorders Speech Problems	
Endocrine Disorders Thyroid Problems		Absence of fingers, toes, other organs	
Stomach and/or Intestinal Problems		Operations Concussions / Head Injuries/date of	
Kidney/Urinary Problems		Serious Accidents / Burns, etc.	

Please attach any additional health information that pertains to your child.

Parent Signature _____ **Date** _____