

Our Lady of Providence Regional School
STUDENT MEDICAL INFORMATION

LAST NAME _____ FIRST NAME _____

Middle Name _____ Gender _____

1. IMMUNIZATION INFORMATION

In order to comply with Section 2164 of the Public Health Law, each child must have the following immunizations: (evidence of these must be provided by parent or guardian upon child's entrance).

- a) Diphtheria or Triple Vaccine (DPT) – 3 doses RECOMMENDED NOT MANDATORY
- b) Polio Vaccine: Trivalent (TOPV) – 3 doses * Haemophilus influenza type b
- c) Measles: Live Vaccine – 2 doses, or physician verification (Hib)
- d) Mumps Vaccine: Live Vaccine – 1 dose, or physician verification
- e) German Measles (Rubella) Live Vaccine (1 dose) or pos serology
- f) Hepatitis B (children born on or after January 1, 1993 and entering grades 7-9) or proof of immunity

Attach copy of immunization certificate. Copy must be signed by doctor or clinic. Previous school record may be accepted.

2. LIST OF ALLERGIES

Food _____ Medication _____
Environmental _____ Other _____

3. HEALTH HISTORY OF DISEASES AND DATES

Seizure Disorder _____	Chicken Pos _____	Pneumonia _____
Sickle Cell _____	Heart Murmur _____	Meningitis _____
Diabetes _____	Heart Disease _____	Kidney Disease _____
Tuberculosis _____	Asthma _____	Vision Problem/Glasses _____
Hearing Problem/Aids _____	Hospitalizations _____	Other(not listed) _____

4. Surgery of Broken Bones? Yes _____ No _____
If yes, specify and give dates: _____

5. Is the child able to participate in gym? Yes _____ No _____
(Medical note required if "no") If no, Reason? _____

6. Does your child require medicine in school? Yes _____ No _____
(Medical note is required for medication to be given during school hours.)
Medication _____ Dose _____ Frequency _____
Medication _____ Dose _____ Frequency _____

7. SIBLINGS

List all siblings whether or not they attend school:

Name _____	Date of Birth _____	Brother _____	Sister _____	Grade _____
Name _____	Date of Birth _____	Brother _____	Sister _____	Grade _____
Name _____	Date of Birth _____	Brother _____	Sister _____	Grade _____

To the best of my knowledge, the above information is correct.

SIGNATURE _____ Parent _____ Guardian _____ Social Worker Date

**CENTRAL ISLIP PUBLIC SCHOOLS
STUDENT MEDICAL INFORMATION**

8. To comply with the education laws of New York State, every student in Kindergarten, grades one, three, seven and ten must have a physical examination. Ideally, the child's primary health care provider should perform the physical examination: The physical must be returned to school no later than two weeks after your child begins school. It should be understood that if the medical is not returned, your child will be scheduled for a school physical.

NAME OF FAMILY DOCTOR _____

ADDRESS _____

PHONE _____

INSURANCE CARRIER _____

PLEASE CONTACT THE SCHOOL NURSE WITH ANY OTHER CONFIDENTIAL INFORMATION ABOUT YOUR CHILD.

FATHER NAME _____

ADDRESS _____ **PHONE** _____

MOTHER'S NAME _____

ADDRESS _____ **PHONE** _____

To the best of my knowledge, the above information is accurate.

Signature _____ **Date** _____

Parent _____ **Guardian** _____ **Social Worker** _____

DO NOT WRITE BELOW THIS LINE

NURSES COMMENTS: