

**SULLIVAN WEST CENTRAL SCHOOL DISTRICT  
HEALTH OFFICE**

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**TO: PARENTS OF STUDENTS IN GRADES 2, 4, 7, 10 AND ALL NEW ENTRANTS**

**RE: SCHOOL PHYSICALS**

A child's health can contribute to or inhibit the ability to function satisfactorily in school. It is important for school authorities to have current and complete information regarding each child's health and any specific conditions that may obstruct or interfere with the learning process and on methods by which health can be maintained or improved.

Ideally, the child's primary health care provider should perform the health appraisal, including the physical examination component. Knowledge of the child's family and background factors assist in evaluating the total health status of the child. The primary health care provider is also in a position to institute, without delay, any necessary therapeutic measures.

School authorities encourage parents to have their children examined regularly and request reports of the findings and recommendations. Because this is not always possible, school health services are prepared to provide at least those physicals required by Education Law and Regulations of the Commissioner of Education.

**Physicals are required** in Grades 2, 4, 7, 10 and on all **new entrants**. You may complete this requirement by either #1 or #2 below.

1. **HEALTH HISTORY FORM** should be completed by parent and returned to school if you wish the school physician to examine your child in the above grades.

2. **HEALTH HISTORY FORM** should be completed by parent and **REPORT OF PERSONAL PHYSICIAN** form should be completed and signed by primary care physician and returned to school as soon as possible. If your child has had a physical within one year of entrance to school, please forward a copy to the health office as it will not need to be repeated.

\_\_\_\_My child,\_\_\_\_\_, will have their physical exam with their own healthcare provider.

\_\_\_\_Please schedule my child,\_\_\_\_\_, to have his/her physical with the School Physician's Office

Parent or Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions please call the **elementary health office 845-482-4610 ext 2139** or the **high school health office 845-932-8401 ext 1120**