

**PIERRE VAN CORTLANDT MIDDLE SCHOOL
7TH GRADE HEALTH REQUIREMENTS 2022-23**

ITEMS NEEDED	INFO	FORMS																
<p>PHYSICAL EXAM</p>	<p>REQUIRED</p> <p>The date of the physical needs to be on or after 9/1/2021.</p> <ul style="list-style-type: none"> Please note that effective 1/30/2021, only the NYSED School Health Examination Form (in the link) will be accepted. <p>MODIFIED SPORTS – In addition, if your child wants to participate in modified sports, a physical must be within 12 months of the start date of the sport.</p>	<p>Physical examination forms can be found online at: http://www.p12.nysed.gov/sss/documents/health-exam-form.pdf</p>																
<p>IMMUNIZATION RECORD</p>	<p>REQUIRED</p> <p>Required Immunizations:</p> <table border="1" data-bbox="344 743 1024 1142"> <thead> <tr> <th>Immunization</th> <th># of doses required:</th> </tr> </thead> <tbody> <tr> <td>Hepatitis B</td> <td>3 doses</td> </tr> <tr> <td>Varicella</td> <td>2 doses</td> </tr> <tr> <td>MMR</td> <td>2 doses</td> </tr> <tr> <td>Polio</td> <td>4 doses or 3 does with the last dose after age 4</td> </tr> <tr> <td>DTaP/DTP</td> <td>3 doses</td> </tr> <tr> <td>Meningitis</td> <td>1 dose given after age 10 is required. Must be received before the first day of 7th grade.</td> </tr> <tr> <td>Tdap</td> <td>1 dose</td> </tr> </tbody> </table>	Immunization	# of doses required:	Hepatitis B	3 doses	Varicella	2 doses	MMR	2 doses	Polio	4 doses or 3 does with the last dose after age 4	DTaP/DTP	3 doses	Meningitis	1 dose given after age 10 is required. Must be received before the first day of 7th grade.	Tdap	1 dose	<p>Further immunization information can be found at the PVC Nurse Website: www.pvcschoolnurse.weebly.com</p>
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<p>MEDICATION FORM & MEDICATION</p>	<p>REQUIRED IF YOUR CHILD NEEDS TO TAKE ANY MEDICATION DURING SCHOOL</p> <p>Forms are valid for one school year and need renewing annually.</p> <p>Forms are required for both prescription & over the counter medications (ex. Ibuprofen, Acetaminophen).</p> <p>Required your child’s healthcare provider to complete the form.</p> <p>The medication needs to be provided to the school nurse by an adult. Medication must be in its original bottle or pharmacy container, labelled with your child’s name.</p>	<p>Medication Administration Forms can be found online at: https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/medication_form.pdf</p>																
<p>ALLERGY ACTION PLAN</p>	<p>REQUIRED IF YOUR CHILD HAS A SEVERE ALLERGY OR ANY ALLERGY THAT REQUIRES EMERGENCY MEDICATION.</p> <p>Needs to be completed your child’s healthcare provider.</p> <p>A Medication Form will also need to be completed by your child’s healthcare provider (see section above).</p>	<table border="1" data-bbox="1024 1656 1575 1971"> <thead> <tr> <th>Allergic to:</th> <th>Form link</th> </tr> </thead> <tbody> <tr> <td>Bee/Wasp</td> <td>https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_bee_sting_fillable_.pdf</td> </tr> <tr> <td>Foods</td> <td>https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/faapfood_allergy.pdf</td> </tr> <tr> <td>(complete both of the forms)</td> <td>https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_food_fillable.pdf</td> </tr> </tbody> </table>	Allergic to:	Form link	Bee/Wasp	https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_bee_sting_fillable_.pdf	Foods	https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/faapfood_allergy.pdf	(complete both of the forms)	https://pvcschoolnurse.weebly.com/uploads/4/3/7/2/43725439/do_allergy_food_fillable.pdf								
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OTHER IMPORTANT INFORMATION – 7TH GRADE

	Details
VISION SCREENINGS	7th grade boys and girls are screened in school for vision.
HEARING SCREENINGS	7th grade boys and girls are screened in school for hearing.
SCOLIOSIS SCREENING	7th grade girls are screened for scoliosis by the school nurse in in the Spring during PE classes. If you have provided a recent physical examination record dated on or after July 1 st of the current school year, noting the scoliosis screening results, your daughter will not be screened in school. Boys will not be screened in school for scoliosis.
K12 EMERGENCY CONTACT INFORMATION	This information is vital should your child become injured or ill during the school day. Parents/guardians need to login to K12 annually , to review & update emergency contact names, telephone numbers, and health information. Whenever emergency contact information changes (i.e. new cell phone, new job, new emergency contact or MD change, etc.) you will need to update this in K12.
BMI WEIGHT STATUS CATEGORY SURVEY	New York State surveys different schools annually for general information on weight groups to help them develop programs that make it easier for children to be healthy. No names or individual information is ever shared. Only weight group information is used for the survey. If you do not wish your child’s information to be included in the survey for that school year, please complete an opt-out form, which can be found on the forms section of the PVC Nurse website.
DENTAL CERTIFICATE	For 7 th grade students this certificate is requested, but not required for school. Copies of the Dental Health Certificate can be located on the forms section of the PVC Nurse’s website. If you would like to submit a copy of your child’s dental records, please have your child’s dentist complete a Dental Health Certificate and return it to the school nurse. Dental Health Certificate Forms can be found on the forms section of the PVC Nurse website.
ABSENCES / LATE ARRIVALS	Student absences need to be reported to the Attendance Aide by 8am. Please notify the Attendance Aide via the online link. https://pvcnurse.weebly.com/attendance.html
EARLY PICK UP REQUEST	SEND A NOTE WITH YOUR CHILD TO THE <u>WELCOME CENTER</u> FOR EARLY PICKUPS Please feel free to use the note/form in this link. <u>Have your child bring it to the welcome center when they arrive at school</u> https://pvcnurse.weebly.com/uploads/4/3/7/2/43725439/early_pick_up_procedure.pdf