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| **logo****185 Peninsula Blvd.****Hempstead, NY 11550****Regina Armstrong****Superintendent of Schools****(516) 434-4000 Ext. 4011****Fax: (516) 292-0933****Rodney Gilmore, Ed.D.****Associate Superintendent****for Human Resources****(516) 434-4000 Ext. 4021****James E. Clark****Assistant Superintendent****for Pupil Personnel Services****(516) 434-4000 Ext. 4161** **Gary Rush****Interim Asst. Superintendent****for Curriculum & Instruction****(516) 434-4000 Ext. 4031****Jamal Scott****Assistant Superintendent****for Business & Operations****(516) 434-4000 Ext. 4061****Djuana Wilson****Assistant Superintendent****for Spec. Education & Direct** **Student Services****(516) 434-4000 Ext. 4091** | Dear Parent(s) or Guardian(s):New York State law requires that each child in a school district have a health examination including body mass index before entering school for the first time, and again in grades 1, 3, 5, 7, 9, 11. Students wishing to play interscholastic sports or requesting work permits must have an annual health exam. A dental exam form is also requested, but not required at these same times. Your own health care provider is always the best choice for these exams. We encourage you to call early as it may take several weeks to schedule exams during the busy summer and fall months. If you do not provide an exam form by **September 30th, 2022**, an exam will be scheduled with our school medical director. While most parents choose not to attend, you may do so if you wish. Please let your child know they will be examined at school. Upon completion of in-school exams, you will be informed of any important findings and need to follow up with your health care provider.  Please Complete And Return To Your Building Health Office Today**Student’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade** \_\_\_\_\_\_\_\_\_\_\_\_ **Student’s School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  * My child had a health exam on \_\_\_\_\_\_\_\_. I will return the completed form by the date above.
* My child has an appointment to have a physical with his/her health care provider on \_\_\_\_\_\_\_\_\_.

My child’s MD/NP/PA or I will return the form by the date above.* I need information on obtaining health insurance or finding a health care provider.
* Schedule the district physician/nurse practitioner to complete the exam for my child.

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Phone Contact ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

 2022