Uniondale Public Schools
Student Health Services
933 Goodrich Street
Uniondale, NY 11553

Health Record Requirements for New Students entering grades Pre-K thru 12th

Student Name________________________________Sex___________DOB_________None__________

DPT #1______________________________
#2______________________________
#3______________________________
#4______________________________
#5______________________________

Tdap ______________________________For students 11yr old & entering grade 6-12

Polio #1______________________________
#2______________________________
#3______________________________
#4______________________________at 4 years old or older
#5______________________________

MMR #1______________________________
#2______________________________

Hep B #1______________________________
#2______________________________
#3______________________________

Varicella #1______________________________ or disease date: ________
#2______________________________

Meningococcal #1______________________________
#2______________________________

Hib #1______________________ **Pneumococcal** #1____________________
#2______________________ #2____________________
#3______________________ #3____________________
#4______________________ #4____________________

Optional Vaccines

Hep A #1_____________ #2_____________

HPV #1_____________ #2_____________ #3______________

EXEMPTIONS

Religious ____________________________Documentation (provided by Central Registration Nurse)
Medical ____________________________Document/form from health care provider
Disease ____________________________Documented by the health care provider
Blood titer ____________________________Lab report for Polio (including all 3 serotypes) Measles, Mumps, Rubella, Hep. B, and Varicella

Requirements:

_______Stamp And signature of your primary care provider on every heath record.
_______Appointment card with health care provider's letterhead showing the date of the next immunization.
_______Record of a physical exam within the last year.
_______Dental Certificate
_______Body Mass Index Weight Status Category9BMI Percentile) grade 2, 4,7,10
□ Less than 5th □ 5th thru 49th □ 50th thru 84th □ 85th thru 94th □ 95th thru 98th □ 99th & higher
_______A Tuberculin Skin Test TST or PPD done within the last 12 months applies only to students who have been out of the country within the last year. A student with a positive PPD will be required to submit proof of a radiological report of Chest X-Ray results done within the last 5 years or a QuantiFERON or T-spot test done within the last 12 months.

PPD: Date Planted_____ **Date Read_____** **Results** _______mm

____ ______________
Health Care Provider Signature and Stamp Date