

## **Tuckahoe School District Health Office**

W. E. Cottle Elementary School, 2 Siwanoy Blvd., Eastchester, NY 10709  
Tuckahoe Middle/High School, 65 Siwanoy Blvd., Eastchester, NY 10709

Dear Parents,

Enclosed you will find an Emergency Information Card and Medical Forms for the Student's Health Record. Hopefully, we will have a healthy year without any emergencies or illness. But, in the event we do, it is very important for us to have updated information and a card listing dependable persons and their phone numbers for immediate contact. Please try to list more than one person to insure the availability of a responsible adult. Students who are ill and are going home must leave school with a parent or other adult. The parents or adult must come into the Nurse's Office and escort the student home.

If your child is seriously ill, hospitalized, absent for five (5) days or more, diagnosed with a contagious illness, is injured and has a cast on an extremity or is using crutches, or is seeking medical attention for an illness, a note from the attending physician is required upon return to school. This note should state the diagnosis, limitations (i.e. gym, sports), and permission to return to school.

If your child is in **Kindergarten, Second, Fourth, Seventh or Tenth** grade, or is New to this school district, a recent physical (within one year of enrollment) and a dental examination are required. Enclosed are the mandatory immunization requirements for the District.

**As of September 2005**, New York State requires that all students entering 6th grade show documentation of either having had the chicken pox (varicella) or immunization against the disease.

**As of September 1, 2007**, New York State requires that students entering 6th grade and 11 years of age or older must receive an immunization of TDaP.

To comply with New York State Regulations, these forms must be returned to the appropriate health office by August 15.

Thank You,

**Adrienne Notaro, R.N., W. E. Cottle School**  
**Dania Morahan, R.N., Tuckahoe**  
**Middle/HS**

**(914) 337-5376 Ext 1282**  
**(914) 337-5376 Ext. 1236**

**TUCKAHOE UNION FREE SCHOOL DISTRICT**  
**Health Office**

**Student Physical Exam**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ School \_\_\_\_\_

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**LEGEND    N = Normal                      X = Abnormal                      NE = Not Examined**

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Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Urinalysis \_\_\_\_\_

B.M.I. \_\_\_\_\_ Wt. Status Category (B.M.I. percentile) \_\_\_\_\_ less than 5th    5th to 49th    50th to 84th  
85th to 94th    95th to 98th    99th and above

General Body Build \_\_\_\_\_ Abnormal Masses \_\_\_\_\_ Skin \_\_\_\_\_ Eyes \_\_\_\_\_

Ears \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_ Teeth \_\_\_\_\_ Neck \_\_\_\_\_

Lungs \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Neurological \_\_\_\_\_

Joint Function: Neck \_\_\_\_\_ Shoulders \_\_\_\_\_ Elbows \_\_\_\_\_ Wrists \_\_\_\_\_ Hands \_\_\_\_\_

Hips \_\_\_\_\_ Knees \_\_\_\_\_ Ankles \_\_\_\_\_ Feet \_\_\_\_\_ Scoliosis \_\_\_\_\_

Hernia \_\_\_\_\_ Genitalia \_\_\_\_\_ Vision: R \_\_\_\_\_ L \_\_\_\_\_ Hearing: R \_\_\_\_\_ L \_\_\_\_\_

Specific Medical Condition \_\_\_\_\_ Allergies \_\_\_\_\_

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**IMMUNIZATION BOOSTERS**

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HIB \_\_\_\_\_ Varicella : date of disease \_\_\_\_\_ date of vaccine \_\_\_\_\_ DPT \_\_\_\_\_

\_\_\_\_\_ TDaP \_\_\_\_\_ Tuberculin Mantoux \_\_\_\_\_ Result \_\_\_\_\_

Polio \_\_\_\_\_ MMR (1) \_\_\_\_\_ (2) \_\_\_\_\_ Other \_\_\_\_\_

Hepatitis B (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ Hepatitis A (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

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**PHYSICIAN'S COMMENTS/RECOMMENDATIONS**

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This person is in Satisfactory Condition and  
May engage in All School/ Sports Activities  
Except as noted

The N.Y. S. Education law requires that every  
school child have a physical examination upon  
entrance to school, and at grades 2 4 7 & 10.

Date of Examination: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ (Print or Stamp) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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I have reviewed the medical information provided by the private physician. According to this information this student may participate in Sports.

School Physician's Signature/Stamp: \_\_\_\_\_

Date: \_\_\_\_\_