

St. Boniface School  
9363 Wattsburg Road  
Erie, Pennsylvania 16509  
814/825-4238

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Dear Parent:

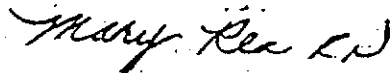
The School Health Law requires medical examinations of children of school age on original entry into school (kindergarten or grade 1), in the 6th grade and in the 11th grade; and dental examinations of those children on original entry into school (kindergarten or grade 1), in the 3rd grade and in the 7th grade. These grades were selected because they represent critical periods of growth and development in a child's life.

We are recommending that these examinations be done by your family physician and dentist since they can best evaluate your child's health and assist you in obtaining necessary treatments and corrections. Those who aren't able to have this done before school starts in the fall will be examined during the school year by the school physician and dentist.

It is important that the school have a record of a child's health status. This knowledge enables the school staff to help children achieve maximum benefits of their educational opportunities.

We are giving medical and dental forms to you early so that you may have an opportunity to have the examinations completed by the time your child reaches the designated grades. Please have them fill out as completely as possible and return them to your school nurse.

Sincerely,



Mary Rea, R.N.  
School Nurse

**PENNSYLVANIA**  
**SCHOOL IMMUNIZATION REQUIREMENTS**

Pennsylvania's school immunization requirements can be found in 28 PA.CODE CH.23 (School Immunization)

Children in **ALL GRADES** (K-12), who started school before 1997 need the following vaccines:

- 3 doses of tetanus\*
- 3 doses of diphtheria\*
- 3 doses of polio
- 2 doses of measles\*\*
- 1 dose of mumps\*\*
- 1 dose of rubella (German measles) \*\*

Children **ENTERING SCHOOL** (at K or grade 1), in 2002/2003 need the following vaccines:

- 4 doses of tetanus\*  
(1 dose on or after the 4<sup>th</sup> birthday)
- 4 doses of diphtheria\*  
(1 dose on or after the 4th birthday)
- 3 doses of polio
- 2 doses of measles\*\*
- 1 dose of mumps\*\*
- 1 dose of rubella (German measles) \*\*
- 3 doses of hepatitis B
- 1 dose of varicella (chickenpox) vaccine or history of disease

Children **ENTERING 7<sup>TH</sup> GRADE**, in 2002/2003 need the following vaccines:

- 3 doses of tetanus\*
- 3 doses of diphtheria\*
- 3 doses of polio
- 2 doses of measles\*\*
- 1 dose of mumps\*\*
- 1 dose of rubella (German measles) \*\*
- 3 doses hepatitis B
- Age appropriate dose(s) of varicella (chickenpox) vaccine or history of disease

\*Usually given as DTP or DTaP or DT or Td

\*\*Usually given as MMR

These requirements allow for medical reasons and religious beliefs.

If your child is exempt from immunizations,  
he/she may be removed from school during an outbreak.

**Contact your health care provider or 1-877-PA-HEALTH  
for more information**



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

**PRIVATE PHYSICIAN'S REPORT OF  
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE \_\_\_\_\_ 19 \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_

NAME OF CHILD  _____	AGE  _____	SEX  <input type="checkbox"/> M <input type="checkbox"/> F
Last	First	Middle

ADDRESS \_\_\_\_\_

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code
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**MEDICAL HISTORY  
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, And Year Each Immunization Was Given			BOOSTERS & DATES	
	DOSES				
Diphtheria and Tetanus*	1 / /	2 / /	3 / /	4 / /	5 / /
Polio	1 / /	2 / /	3 / /	4 / /	5 / /
Measles, Mumps, Rubella	1 / /	2 / /			
Hepatitis B	1 / /	2 / /		3 / /	
HIB	1 / /	2 / /		3 / /	
Other _____					

\* Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DT, or Td

- MEDICAL EXEMPTION**    The physical condition of the above named child is such that immunization would endanger life or health
- RELIGIOUS EXEMPTION**    (Include a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian.)

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on \_\_\_\_\_ Date

Result of Diagnostic Studies: \_\_\_\_\_ Date

Preventive Anti-Tuberculosis - Chemotherapy ordered.     No     Yes    \_\_\_\_\_ Date

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT OF  
DENTAL EXAMINATION OF A PUPIL OF  
SCHOOL AGE**

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

NAME OF CHILD	AGE	SEX	GRADE	SECTION/ROOM
Last                      First                      Middle		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS \_\_\_\_\_

No. and Street	City or Post Office	Borough or Township	County	State	Zip
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**REPORT OF EXAMINATION**

	TOOTH CHART																
	RIGHT								LEFT								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
UPPER				A	B	C	D	E	F	G	H	I	J				Upper
LOWER	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower
				T	S	R	Q	P	O	N	M	L	K				
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment Yes  No

Treatment Completed Yes  No

\_\_\_\_\_  
Date of Dental Examination

\_\_\_\_\_  
Signature of Dental/Examiner

\_\_\_\_\_  
Print Name of Dental Examiner

\_\_\_\_\_  
Address