

# IRVINGTON UNION FREE SCHOOL DISTRICT

## SCHOOL HEALTH SERVICES

Dows Lane Elementary  
914-269-5150, fax 914-591-6863

Main Street School  
914-269-5250, fax 914-591-3099

Middle School  
914-269-5350, fax 914-591-2643

High School  
914-269-5450, fax 914-591-1956

Dear Parents/Guardians:

Welcome to the Irvington School District. As school nurses we understand how important good health is to academic performance. We look forward to partnering with you to keep your child as healthy as possible. With that common goal in mind, the requirements for school outlined below are in place to support your child's health and well-being.

New York State Education Law requires a physical examination of all students **new** to the Irvington School District and **all** students in grades K, 1, 3, 5, 7, 9, and 11. All physical exams **must** be performed **within 12 months from the start of the school year**. The **NYS required physical exam form** and documentation of required immunizations must be completed, signed and stamped by your **physician, physician assistant or nurse practitioner authorized to practice in New York State or within a state that has standards of licensure and practice comparable to those of New York State**. A dental certificate is *requested* for students new to the district and only in the following grades: Kindergarten, 1, 3, 5, 7, 9, and 11.

New York Public Health Law 2164 requires **all** students to be **fully immunized** against **Polio, Diphtheria, Tetanus, Pertussis, Measles, Mumps, Rubella (MMR), Hepatitis B and Varicella (Chicken Pox)** or a physician's documented record of disease or positive titer (blood test). Students **entering 6th-12th grade** and who are 11 years of age or older are **required to receive a Tdap** vaccine (Tetanus, Diphtheria and acellular Pertussis). **Meningococcal** (Meningitis) vaccine is **required for Grades 7 through 12**. These immunizations are required for school entrance and attendance. **The immunization record must be submitted within 14 days of attendance.** **Exclusion from school will result if the above requirements are not met.**

We appreciate your compliance with these regulations. If you have any concerns or questions regarding your child's health, please contact us during school hours.

Sincerely,

Irvington School Nurses

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### **HEALTH FORMS CHECKLIST**

- ☐ Health History- completed and signed by parent/guardian
- ☐ Emergency Information form- signed by parent/guardian
- ☐ NYS School Health Examination form- signed by healthcare provider
- ☐ Current Immunization Record-signed by healthcare provider
- ☐ Medication Authorization (if applicable)-signed by healthcare provider and parent/guardian
- ☐ Dental Certificate- signed by dentist/dental hygienist