

CHRIST THE KING REGIONAL HIGH SCHOOL
68-02 METROPOLITAN AVENUE • MIDDLE VILLAGE, NEW YORK 11379

MEDICAL OFFICE

Dear Parent or Guardian:

Every student entering Christ the King Regional H.S. is required to have a complete physical examination including an eye exam. This must be performed by a licensed physician, signed and stamped by his/her office. The exam must be performed and dated between **June 1 and June 30**. The completed exam form must be returned to the school medical office **no later than July 31**.

Proof of immunization is required.

Please note **if your child is entering the New York City school system for the first time**, they are also required to have a **Mantoux Test** for tuberculosis. The results must be documented by the physician and submitted to the school.

The attached form also includes a section for the physician to complete regarding team sports participation. The physician should complete this section whether or not your child will try out for any team sports because it gives the school information regarding the physician's recommended activity level for your child. The section for sports includes a "maturation index". This notes the stage of pubertal development and should be included for the protection of the student. The Index is one indicator of a child's bone development and is helpful to the physician in assessing the total development of the child and his or her fitness for sports participation. The Maturation Index is **optional and the parent or guardian decides** whether or not the physician includes this rating. If you **do not want the physician to make an entry for Maturation Index, cross it out on the form and write your initials next to it**. For more information regarding the Maturation Index, please consult your physician.

No student will be permitted to attend school in September unless all requirements have been satisfied. Please call me if you have any questions. Thank you for your cooperation.

Sincerely,

Joann Iorio, RN
Tel (718) 366-7400, ext. 212
Fax (718) 366-1165

THE FOLLOWING IMMUNIZATIONS ARE REQUIRED BY NEW YORK CITY

DTaP, DTP, DT, Td or Tdap	3 doses
Tdap	1 dose (born on or after 1/1/94)
OPV or IPV	3 doses
MMR	2 doses of Measles (MMR) first dose on or after first birthday Plus second measles, preferably as MMR, administered more than 28 days after the first dose, and on or after 15 months of age
Hepatitis B	3 doses of Hepatitis B vaccine or 2 doses of adult Formulation of Merck "Recombivax HB", which must be documented as such, and only for ages 11-15
Varicella	1 dose on or after first birthday (born on or after 1/1/94)

Please note **if your child is entering the New York City school system for the first time**, they are also required to have a **Mantoux Test** for tuberculosis. The results must be documented by the physician and submitted to the school.

Acceptable Immunization Proof:

No. Title 10 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR), Section 66-1 defines acceptable proof. This includes documents indicating the required receipt of all vaccines such as certificate of immunization, a signed transcript of the immunization portion of cumulative health record from the prior school, a migrant health record, a union health record, a community health plan record, a signed immunization transfer card, a military dependent's "shot" record, the immunization portion of a passport, a certificate or written physician's statement of medical exemption by a physician licensed to practice in New York State, serological proof of immunity or prior disease history, or a written statement of exemption for religious reasons. The last is the **ONLY** parental statement that may be acceptable.

SECTION "B": TO BE COMPLETED BY A LICENSED PHYSICIAN:

Child's History _____

Full Physical Activity? YES ___ NO ___

Please List Any Restrictions _____

Family History _____

Maturation Index (Optional) _____

Physical Exam:

Height _____ Weight _____

Blood Pressure _____ Pulse _____

General Appearance _____

DRAW A LINE THROUGH ANY SPORTS THE STUDENT MAY NOT PARTICIPATE IN:

Football	Volleyball	Bowling
Baseball	Swimming	Golf
Basketball	Track & Field	Field Events
Hockey	Cross-Country	Step
Soccer	Tennis	Cheerleading
Softball	Handball	

Any special conditions for participation
(e.g. pre-exercise medication or protective gear):

NL	AB	
—	—	HEENT
—	—	DENTAL STATUS
—	—	NECK
—	—	LYMPH
—	—	LUNGS
—	—	CARDIOVASCULAR
—	—	ABDOMEN
—	—	GENITO URINARY
—	—	EXTREMITIES
—	—	BACK/SPINE
—	—	SKIN
—	—	NEUROLOGICAL
—	—	PSYCHO/SOCIAL DEV.
—	—	LANGUAGE
—	—	BEHAVIORAL
—	—	GROSS MOTOR
—	—	FINE MOTOR

LAB TESTS:

URINE _____ ALBUMIN _____ SUGAR _____

HEMOGLOBIN _____ HEMATOCRIT _____

VISION:

Uncorrected RIGHT _____ LEFT _____

Corrected RIGHT _____ LEFT _____

Physician's Signature _____

Date of Exam _____

HEARING:

RIGHT _____ LEFT _____

Stamp

PLEASE LIST ANY REFERRALS STUDENT
MAY NEED AT THIS TIME _____

Please write in address and phone number if they are
not on the Physician's Stamp.

CHRIST THE KING REGIONAL HIGH SCHOOL

IMMUNIZATION RECORD

STUDENT'S NAME _____ DATE OF BIRTH _____

DTaP, DTP, DT, Td _____

Tdap _____

OPV or IPV _____

MMR _____

HEPATITIS B _____

VARICELLA _____

OTHER _____

MANTOUX: (ONLY FOR A STUDENT ENTERING A NYC HIGH SCHOOL FOR THE FIRST TIME)

DATE IMPLANTED _____ DATE READ _____

NEGATIVE _____ MM POSITIVE _____ MM

BCG VACCINE? YES _____ DATE _____ NO _____

CHEST X-RAY (IF NECESSARY): DATE _____ RESULT _____ (PLEASE SEND COPY OF REPORT)

PHYSICIAN'S SIGNATURE _____

STAMP