

**PERU CENTRAL SCHOOL DISTRICT  
HEALTH SERVICES**

**Notification to Parents Regarding the Required Health Examination and  
Request for Dental Certificate**

According to State Education Law Article 19, section 903, each new pupil entering a public school shall furnish proof of a physical examination done within the last 12 months. If a health certificate is not presented **at the time of registration**, a written notice will be sent in follow up. Then, if the physical is not furnished **within 30 days**, the school MD, PA or NP will conduct a school exam.

**\*\*\*PLEASE NOTE THAT PHYSICAL EXAMS FROM OUT OF NEW YORK STATE AND OUT OF COUNTRY ARE NO LONGER ACCEPTABLE.**

Students in grades **Pre-K or K, 1, 3, 5, 7 and 9** are required by law to have physicals and are requested to provide a Dental Certificate. A health appraisal or physical should include height, weight, and blood pressure. Vision and hearing screening results should be included if available. A physical is acceptable 12 months prior to the beginning of the school year in which the exam is required.

All children in a **special program** are required to have a physical every three years in order to modify their educational needs.

Any student interested in obtaining a **working card**, ages 11-18, must have a valid physical on file. Appropriate paperwork including social security card, birth certificate and completed application are required.

Finally, children who participate in **interscholastic sports, grades 7 – 12**, must have a valid physical. The physical will be valid for a period of 12 months through the last day of the month in which the physical was done.

**\*\* State Education law expands health screenings to include  
the Dental Health of students in New York State.  
According to this law, we are requesting a dental certificate  
as well as a physical examination. A copy of a dental certificate  
form can be found at [www.perucsd.org](http://www.perucsd.org).**

If you have any questions, please contact your child's school nurse.

I prefer to have \_\_\_\_\_ examined by:

\_\_\_\_\_ School Physical      \_\_\_\_\_ Private Physician

Date: \_\_\_\_\_  
Signature of Parent or Guardian

**PLEASE RETURN THIS FORM TO YOUR CHILD'S  
SCHOOL NURSE**