

Dear Parents/Guardians:

The Pennsylvania School Health Law requires all students to have Medical and Dental exams within one year prior to a student's entry into the grade in which an exam is required:

- Medical Exam (for all new students & Kindergarten, 6th grade & 11th grade)
- Dental Exam (for all new students & Kindergarten, 3rd grade & 7th grade)

If the student's examination history does not meet these timelines, please make the necessary arrangements to have examinations. If a student is entering Cheltenham School District and/or the 6th or 11th grade, I recommend that the aforementioned examinations be conducted by a family physician and/or dentist who is familiar with the student's health history and would be in the best position to recommend immediate steps for necessary remedial care. If you do not have a private physician at this time, please see enclosed material.

Under regulations of the Pennsylvania Department of Health, the following immunizations are required for all students, K-12, as a condition for attendance to school. **Those children whose immunization record is incomplete or not provided will be excluded from school.**

Children **IN ALL GRADES** need the following:

- 4 doses of tetanus\* (1 dose on or after the 4th birthday)
- 4 doses of diphtheria\* (1 dose on or after the 4th birthday)
- 3 doses of polio
- 2 doses of measles\*\*
- 2 doses of mumps\*\*
- 1 dose of rubella (German measles)\*\*
- 3 doses of hepatitis B
- 2 doses of varicella (chicken pox) vaccine or history of disease
- A tuberculosis (TB) test **with negative reading** is required of any new enrollee from foreign countries, homeless, TB endemic area and any situation deemed high risk.

\*usually given as DTP or DTaP or DT or Td \*\* usually given as MMR

Children **entering 7th grade** need the following:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) (if 5 years has elapsed since last tetanus)
- 1 dose of meningococcal conjugate vaccine (MCV)

If your child is exempt for medical reasons or religious beliefs, please provide written documentation stating the reason. If your child is exempt from immunizations, he/she may be removed from school during an outbreak.

Please return completed forms to your child's school nurse.

Sincerely,

Patricia Gallagher, RN, BSN

Nursing Coordinator, Certified School Nurse

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

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

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 20 \_\_\_\_

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

ADDRESS

\_\_\_\_\_  
No. and Street      City or Post Office      Borough/Township      County      State      Zip

**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	T	S	R	Q	P	O	N	M	L	K	19	18	17	Lower
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