

# PRESCHOOL

Student Name: \_\_\_\_\_ 3 yr old Health Requirements

Please use the checklist below to ensure you have all the paperwork required for students entering 3 yr old Preschool! Please initial one option under each requirement and return all forms, consents, and supporting documentation together. **All forms are DUE the first day of school, or prior, to the Central Office** located at 100 S. Park Ave. Please contact the school nurse with any questions. Thank you.

**Tami Swaby RN, Heather Sharp, LPN - Seymour Community School Nurses**

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**Student Health History Form & Birth Certificate:** Please contact the nurse if your child has food allergies, medications to be given at school, or health conditions requiring extra attention such as asthma, seizures, etc.

\_\_\_\_\_ Current Student Health History Form complete      \_\_\_\_\_ Birth Certificate (copy)



**Current Physical:**

\_\_\_\_\_ Current Physical Form (within past 12 months)  
OR  
\_\_\_\_\_ Will have doctor's office fax physical form



**Immunizations:** Iowa law requires specific vaccinations prior to preschool entrance. Please contact your provider to ensure immunizations are up to date. If you do not receive immunizations, you must have an Exemption form filled out and notarized.

\_\_\_\_\_ Certificate of Immunization - obtained from doctor's office  
OR  
\_\_\_\_\_ Certificate of Exemption – religious exemption must be notarized, medical exemption must be signed by a physician (ask doctor's office or school for correct form)



**Dental Exam:** Any screening done after age 3 is considered valid. I-Smile will do a dental screening exam during the school year but a consent must be signed and returned with the other forms. The I-Smile screening does not include dental cleaning, it is only a visual screening exam.

\_\_\_\_\_ Certificate of Dental Exam  
OR  
\_\_\_\_\_ Will participate in school dental exam (I-Smile) – Sign and return enclosed consent



**Vision Exam:** A vision screening is recommended before the start of school by an eye doctor or healthcare provider. If you are screened by an eye doctor or a family physician, have them fill out the Certificate of Vision Screening.

\_\_\_\_\_ Certificate of Vision Screening – completed by eye doctor or family doctor – preferred method