

PRESCHOOL

Student Name: _____ 4 yr old Health Requirements

Please use the checklist below to ensure you have all the paperwork required for students entering 4 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.

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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. Our local Lions Club has provided a FREE screening during the school year in the past if a consent is signed.

_____ Certificate of Vision Screening – completed by eye doctor or family doctor – preferred method
OR
_____ Will Participate in Lions Club screening if available (sign enclosed Kidsight Consent)



Lead testing: As of July 1, 2008, Iowa legislation requires all children entering *Kindergarten* have at least one mandatory blood lead test. Please begin now to make sure this is completed prior to entering *Kindergarten*.

_____ lead test - Completed