

Seymour Community Schools

Health Requirements

Student Name: _____

Grade: _____

Please use the checklist below to ensure you have all the paperwork required for school registration! 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: 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 - **ALL Students**



Current Physical: Preschool, Kindergarten, & new students **ONLY**

_____ Current Physical Form (within past 12 months)

OR

_____ Will have doctor's office fax physical form



Immunizations: Iowa law requires specific vaccinations prior to school 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. **ALL STUDENTS**

_____ Certificate of Immunization - obtained from doctor's office

[7th grade: Tdap & Meningitis] _____ [12th grade: 2nd meningitis] _____

OR

_____ Certificate of Exemption – religious exemption must be notarized, medical exemption must be signed by a physician



Dental Exam: Kindergarten: Any screening done after age 3 is considered valid. 9th grade: Any screening 1 year prior to enrollment is 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 - **required** for [Kindergarten: _____] [9th grade: _____]

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. Kindergarten & 3rd grade are required by law to provide a vision screening to the school. Any screening 1 year prior to enrollment is considered valid.

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

[Kindergarten: provided by doctor's office or eye doctor _____] [3rd grade: eye doctor ONLY _____]

OR

_____ Will Participate in Lions Club screening if available (sign enclosed Kidsight Consent) **PK & Kindergarten ONLY**



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 {**Kindergarten ONLY**}