

Long Island Lutheran



MIDDLE & HIGH SCHOOL

*A Recognized School of Excellence
by the U.S. Department of Education*

Dear Parent/Guardian, and Family Physician,

No child is officially accepted to Long Island Lutheran High School until acceptable proof of immunizations is on file. This record must have a doctor's stamp and signature. Previous school records are no longer acceptable.

Acceptable proof of immunity means:

1. Date of immunization signed by a clinic or physician, or
2. History of disease certified by a clinic or physician.

Full immunization means:

- 3 doses of diphtheria - containing toxoid (usually administered as DTP, DT or TD)
- 3 doses of oral poliovirus vaccine (OPV) or enhanced inactivated poliovirus vaccine (EIPV)
- 2 doses of measles
- 1 dose of mumps vaccine administered after 12 months of age
- 1 dose of rubella vaccine administered after 12 months of age
- Hepatitis B vaccine with doctor verification of "Pediatric" 3 doses or "Adult" 2 doses
- 6, 7, 8, 9, 10, 11th grade students must have Varicella vaccine
- 6, 7, 8, 9th grade students must have Tdap vaccine

All new students and students in 7 and 10th grades must present a completed physical exam. Please note, each item on the form must be filled in.

Please remember that a student is not allowed to carry any type of medication in school. If your child is on medication prescribed by your doctor, please have the medication brought to the nurse's office, together with the doctor's note and your written consent to administer the medication. The student may then report to the nurse to be given the medication as indicated on the prescription. Parents are notified if a child has an accident or becomes ill during school. It is important that the health office has the name of a person who can care for the child in the event that the parents are not available. An EMERGENCY SHEET is available from the website download library. Please fill it out and return it to us before the first day of school.

Students wishing to participate in interscholastic activities are required to complete a sports medical questionnaire. This will be given to each student by the coach of the individual sport. Students will not be allowed to participate in a sport until the completed questionnaire has been returned to the school nurse, and a current physical examination is on file.

If your child has a history of a medical condition which may impact on his/her school day, in order to insure their optimum care we intend to share this information with the appropriate school personnel on a "need to know" basis. Unless we receive a written statement from you requesting this not be done, your child's name will be included on the confidential Health Alert List.

The health and well-being of your child is of vital importance to us, and we hope that you will carefully go over this letter to make certain that all of the required information is on file as specified. If you have any questions, please do not hesitate to contact us.

John H. Hinsch

John H. Hinsch, Principal

Mary Frances Feeley

Mary Frances Feeley, RN, School Nurse

NOTE: This form is required for all students prior to participation in sports. Kindly use only this form.

LONG ISLAND LUTHERAN MIDDLE & HIGH SCHOOL

PHYSICAL EXAMINATION

NAME _____ Grade in Sept _____ Date of Birth _____

ADDRESS _____ Phone _____

HEARING: Right Ear _____ Left Ear _____

VISION: W/O Glasses, right-left _____ W/Glasses, right-left _____

Nurse's Signature _____ Date _____

Please fill in completely; New York State mandates that Blood Pressure and Urine must be taken and recorded for ALL sports participation.

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ PULSE _____

HEART _____ LUNGS _____ SCOLIOSIS _____ HERNIA _____

BODY MASS INDEX (BMI) _____
Weight Status Category (BMI Percentiles) ___ Less than 5th ___ 5th through 49th ___ 50th through 84th
 ___ 85th through 94th ___ 95th through 98th ___ 99th and higher

URINE RESULTS: Sugar _____ Protein _____ Blood _____

Did student participate in interscholastic athletics last year? Yes ___ No ___

Did student sustain serious injury or illness last year? Yes ___ No ___

Is student on any medication that may interfere with participation? Yes ___ No ___

Are there any medical problems? (If yes, explain below.) Yes ___ No ___

STUDENT MAY PARTICIPATE
IN CONTACT SPORTS

- Baseball
- Basketball
- Football
- Lacrosse
- Soccer
- Softball
- Wrestling
- Other

STUDENT MAY PARTICIPATE
IN ENDURANCE SPORTS

- Cross Country
- Tennis
- Track
- Volleyball
- Other

STUDENT MAY PARTICIPATE
IN OTHER SPORTS

- Bowling
- Cheerleading
- Golf
- Other

COMMENTS/EXPLANATIONS/RESTRICTIONS/CURRENT MEDICATION DAILY OR PRN: _____

10. IMMUNIZATIONS (on next page)

I certify that the above named student is physically qualified to participate in sports for one year from this date, unless otherwise noted.

M.D. Signature _____ Phone _____ Date _____

IMMUNIZATIONS

Dear Parent,

All entering students must submit the following immunization information. New York State Law requires the following Immunizations for all students attending school: 3 doses of diphtheria, pertussis, tetanus; 3 doses of polio vaccine (TOPV); 2 doses of measles, 1 dose of mumps and one dose of rubella vaccine given after one year of age; Hepatitis B Vaccine – either 3 doses of Pediatric or 2 doses of Adult. All 6 through 11th grade students must have Varicella Vaccine, and all 6 through 9th graders must have Tdap Vaccine. Medical (doctor's note) or religious exemptions are acceptable in the form of written proof. A doctor's note will document a history of measles or mumps disease, but only documentation of student's serology test (blood test) will be accepted for rubella. Documentation should be obtained from your physician or school.

_____ Grade _____ Date of Birth _____
Last Name First Initial

D.P.T. Initial Series #1 _____ #2 _____ #3 _____
Boosters _____

POLIO Sabin Oral (TOPV) #1 _____ #2 _____ #3 _____
Boosters _____

MEASLES Live vaccine over 1 year of age DATE _____
(2nd Measles required if born after 1/1/85)
Measles #2 or MMR #2 (circle one) DATE _____
OR Doctor's letter documenting the Disease (enclosed)

MUMPS Live vaccine over 1 year of age DATE _____
OR Doctor's letter documenting the Disease (enclosed)

RUBELLA DATE _____
Males: live vaccine over 1 year of age OR Doctor's Serology (blood titre report for disease documentation) (enclosed)
Females: over 11 years of age exempt from required immunization, but suggest check with private physician.

TUBERCULIN TEST DATE _____

HEPATITIS B Pediatric Dose: #1 _____ #2 _____ #3 _____
Adult Dose: #1 _____ #2 _____

VARICELLA DATE _____

Tdap DATE _____

Doctor's Name - Please Print

Doctor's Signature

Doctor's office address

Date

Long Island Lutheran Middle & High School
131 Brookville Road
Brookville, New York 11545
626-1700

Child's Name _____

Date _____

CHILDHOOD DISEASE HISTORY SHEET

Please insert applicable dates:

Chicken Pox _____

Rheumatic Fever _____

Diphtheria _____

Scarlet Fever _____

German Measles _____

Whooping Cough _____

Diabetes _____

Asthma _____

Epilepsy _____

Allergies _____

Heart Disease _____

Tuberculosis _____

Contact with TBC _____

Mononucleosis _____

Ear Conditions _____

Frequent Colds/Sore Throats? _____

____ Yes ____ No

Serious Injuries _____

Operations _____

Pneumonia _____

Other _____

Polio _____

Parent/Guardian Signature _____

Long Island Lutheran Middle & High School
131 Brookville Road
Brookville, New York 11545
626-1700

Child's Name _____

Date _____

Grade _____

DENTAL HEALTH FORM

___ Is in need of dental treatment and is under my care.

___ Has all necessary dental treatment completed.

___ Needs no dental treatment at this time.

Signature of Dentist

Date

(NOTE: A note on your dentist's letterhead will be acceptable in lieu of this form.)

