

Glens Falls City School District
Glens Falls, NY

Universal Pre K Health Office Requirements

Dear Parent/Guardian,

The following health related information is needed for your child to attend the Universal Pre-K program.

The New York State Department of Education mandates **immunizations, a pre-entry physical exam by the child's physician and lead screening**. The NYSDOE also requests a **dental health certificate** signed by a licensed dentist who states the child is in fit dental health and may attend school.

This information must be received **no later than the first day of school**.

Please call Jackson Heights Elementary School Nurse with any health concerns or questions.

Thank you for your compliance.

Sincerely,

Beth Clark, RN

Jackson Heights School Nurse

Phone: 792-1071

FAX: 798-6501

Child's name: _____ needs the following:

Need: _____ **DTP 4** doses

Need: _____ **Polio 3** doses

Need: _____ **MMR 1** dose

Need: _____ **Hepatitis B (Hep B) 3** doses*

Need: _____ **Varicella 1** dose

Need: _____ **Lead Screening**

Need: _____ **HIB 1 - 4** doses*

Need: _____ **PCV 1 -4** doses*

Need: _____ **Physical Exam**

Need: _____ **Dental Health Certificate**

Please send in the missing information to Beth Clark, RN

by Wednesday, September 6, 2017

or your child may be excluded from attending school until received.

- Number of doses and intervals through doses must be according to NYS requirements