BALDWINSVILLE CENTRAL SCHOOL DISTRICT

29 East Oneida Street Complex Baldwinsville, NY 13027

PHYSICAL EXAM INFORMATION

Dear Parent/G	uardian:		
Dental certification	ates are requested of all new entrants and t	hose in grades K, 2, 4,	7, 10.
Ø Enter t Ø Are in Ø Partici Ø Need v Ø Are re	the school district for the first time (including grades 2, 4, 7 and 10 pate in interscholastic sports, yearly working papers ferred by/to the Committee on Special Eduneed of a physical to determine the child's	ng kindergarten) cation	ldren when they:
for your child develop. It is a practitioner w	a time of rapid growth and change. Physis good health. The check-up helps to id also an excellent time for discussion of devill teach you what to expect next in your o manage his/her health.	entify medical issues of evelopmental and beh	early on before any problems avior issues. Your doctor or nurse
	My child will have a physical exam by or that physical exam by the end of that mor		I will send in a copy of Date
	My child has a current physical (dated witto the school nurse.	thin the last school yea	r). I will forward a copy immediately
If you are expe	eriencing difficulty arranging a physical wit	h your own provider, p	olease contact your school nurse.
	Student's Name	Signat	ure of Parent/Guardian

School

Date