



**FORM C**

*St. Thomas School*

*St. Thomas the Apostle School Health Office  
42 Adams Place · Delmar, NY 12054  
(518)439-5573 Phone · 518-478-9773 fax*

To: Parents of entering students and students who will attend Grades K, 2, 4 and 7  
From: Mary Ann Bruno, School Nurse

Under an amendment of Section 903 of the State Education law, a health certificate must be furnished by parents of children **entering the school system for the first time** and for **all children entering grades K, 2, 4 and 7**. A physical for this purpose is acceptable if it is administered not more than twelve months prior to the commencement of the school year in which the examination is required. **Physicals may not be dated prior to September of the last year to be acceptable. Physical appraisal reports are due by October 1<sup>st</sup> of this school year.**

If a child has not had an examination by their private physician, we are required by State law to provide a health provide a health appraisal in school. For this reason, we are requesting your assistance in providing the school with a physical examination of your child performed by your physician. We recognize that your child’s physician will be able to perform a more complete physical of your child and give him/her the appropriate booster immunizations.

Enclosed, is a form to be presented to your child’s physician at the time of the examination. This form should be returned to the school nurse as soon as it is completed by the physician. If your child has already had an exam within the correct time period, please have the physician complete the form based on that exam and return it to school.

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Please check the appropriate spaces and return this portion of Form C to the school nurse.

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Grade in September

The above named student was examined by his/her physician on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. We will send the completed examination form to school.

The above named student is scheduled to be examined by his/her physician on \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

The above named student will not be examined by his/her physician and is to be examined by the school physician.

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
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