

THE BROWNING SCHOOL

From the Nurse's Office



52 East 62nd Street

New York, New York 10065

212 838 6280 EXT. 149

www.browning.edu

April 16, 2014

Dear Browning Parents:

Enclosed is the health form for the 2013-2014 academic years. The form must be completed and returned to the Health Office by **August 15, 2014**.

As you are aware, it is a school requirement that a yearly physical examination report be kept on file in the health office. **Without properly completed health forms on file, your son will be unable to begin school in september.**

In addition, a health directive has come from the NYC Department of Health and Mental Hygiene. All students will be **required** to have Hepatitis B vaccine. One dose of Varicella vaccine is also required for all children through and including Form III. Tdap is required for all children born on or after January 1, 1994 and those entering 6th Grade and above.

Please return the completed form to the attention of Maureen Linehan, RN, School Nurse. **Before returning the form, please make a copy for your file.** Thank you for your cooperation in this important matter.

Required form for returning students is:

- 1. Family Information Sheet And Physical Examination Form.**
- 2. Complete Immunization History.**

Sincerely yours,

Maureen Linehan, RN, BSN, NCSN
School Nurse

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HEALTH FORM

September 2014 – June 2015

GRADE _____

STUDENT'S NAME _____

BIRTH DATE _____

PARENT NAME (PRIMARY CONTACT) _____

HOME ADDRESS _____

TEL. NO. _____

BUSINESS _____

TEL. NO. _____

CELL NO. _____

PARENT NAME _____

TEL. NO. _____

HOME ADDRESS _____

TEL. NO. _____

BUSINESS _____

TEL. NO. _____

CELL NO. _____

CARETAKER NAME _____

CELL NO. _____

PERSONS TO CONTACT IF UNABLE TO REACH PARENTS

TEL. NO. _____

TEL. NO. _____

I give my permission for the school nurse to administer first-aid if such is needed. In the event that I cannot be reached, and emergency hospital care / treatment is needed, I give permission for my child to be taken to the nearest hospital and given the necessary emergency care.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

The School Nurse May Administer The Following Medications:

__ TYLENOL __ ADVIL __ SUDAFED __ BENADRYL __ ANTACID __ ROBITUSSIN __ CLARITIN

OTHER* _____ (NAME AND DOSAGE)

ASTHMA MEDICATION* _____

PEAK FLOW _____

*Please be advised that any prescription medication must be in a labeled medication bottle from the pharmacy and kept in the Nurse's office. Any maintenance medication must be accompanied by a Doctor's order.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

Physical Examination *(To Be Completed Each Year**)*

HEIGHT _____ WEIGHT _____ BMI _____

BLOOD PRESSURE _____ PULSE _____

LAST DENTAL EXAM _____

VISION: RIGHT _____ LEFT _____

HEARING: TYPE OF TEST _____ RIGHT _____ LEFT _____

ENT _____

CARDIOVASCULAR _____

URINALYSIS _____

ABDOMEN _____

HEMOGLOBIN/HEMATOCRIT _____

GENITALIA _____

EXTREMITIES _____

MUSCULO-SKELETAL _____

SCOLIOSIS CHECK _____

SKIN _____

MAY THE STUDENT PARTICIPATE IN ALL PHYSICAL ACTIVITY? _____

NEUROLOGICAL _____

EMOTIONAL _____

DENTAL _____

NUTRITIONAL _____

PAST ILLNESSES, INCLUDING CONTAGIOUS DISEASES _____

OPERATIONS _____

SIGNIFICANT FAMILY HISTORY _____

SIGNIFICANT CHRONIC PROBLEMS _____

MAINTENANCE MEDICATION _____

IMMUNIZATIONS DURING THE PAST YEAR _____

ALLERGIES _____

PHYSICIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S STAMP _____ TELEPHONE _____

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STUDENT'S NAME

DATE OF BIRTH

STUDENT'S GRADE

PLEASE INCLUDE **DAY, MONTH AND YEAR** OF EACH IMMUNIZATION RECORD

IMMUNIZATION HISTORY

	1ST	2nd	3RD	4TH	5TH
DTP					
DT/DTaP					
Tdap					
Hib					
OPV/IPV					
Hep B					
MMR					
VARICELLA					
MANTOUX					
Other/Specify					

PHYSICIAN'S SIGNATURE _____

DATE _____

PHYSICIAN'S STAMP _____

TELEPHONE _____

MEDICAL REQUIREMENTS FOR NEW SCHOOL ENTRANTS

(PUBLIC, PRIVATE, PAROCHIAL, DAY CARE CENTERS AND SCHOOLS)

All students entering a New York City School
for the first time must have

A COMPLETE PHYSICAL EXAMINATION AND ALL REQUIRED IMMUNIZATIONS

This comprehensive medical examination must be documented
on a Child Adolescent Health Examination Form (CH205) and
include the following:

- ✓ Weight
- ✓ Height
- ✓ Body Mass Index (BMI)
- ✓ Blood Pressure
- ✓ Medical History
- ✓ Nutritional Evaluation
- ✓ Vision Screening
- ✓ Hearing Screening
- ✓ Dental Screening
- ✓ Developmental Assessment

For Day Care Only:

Anemia Screening (Hematocrit or Hemoglobin)

Lead Poisoning Assessment and Testing

- All children under 6 years must be assessed annually for risk of lead exposure.
- Blood lead tests are required for children at ages 1 and 2 years AND other children up to age 6 years at risk of exposure OR with no lead test previously documented.
- For more information, call the Lead Poisoning Prevention Program @ 311.

**Students continuing on to Kindergarten from Pre-kindergarten must submit
a new CHILD & ADOLESCENT HEALTH EXAMINATION FORM (CH205)**

Office of School Health Citywide Contact Number
For all Districts 1-32
(347) 396-4597
(347) 396-4503