REYNOLDS SCHOOL DISTRICT

531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY

Form 9

Student Name: _____   Grade: _____

The Pennsylvania School Health Act requires certain screenings / exams to be given to school students upon original entry into school and in certain grades. These screenings / exams include the following:

- Dental Exams   Grades: K, 3, and 7
- Physical Exams   Grades: K, 6, and 11
- Growth and Vision   Grades: K-12
- Hearing   Grades: K-3, 7, 11, and as necessary
- Scoliosis   Grades: 7

The screening tests for growth, vision, and hearing are all performed in the school throughout the year. They are performed by the school nurse with exception to hearing which is also performed by our speech teachers. You will be notified if concerns are found during any of the screenings / exams. You will also receive a school health report card at the end of the year summarizing the results.

The dental exam can be completed by your family dentist or by the school dentist. If you request to have the exam done at school, you will be notified of the exact date later in the year. Note: the exam is only a visual exam and does not include x-rays or treatment of any problem areas.

The physical exam should be completed by your family physician. If this is not possible, please contact the school nurse to discuss this situation. Note: Physical and Dental exams can be performed up to one year prior to the start of the school year that the exam is required in.

Please check your preference and sign at the bottom:

☐   I will take my child to our family dentist for examination. I will send the completed private dental exam form to the school nurse after the exam.

☐   I request my child be examined by the school dentist.

☐   I will take my child to our family physician for examination. I will send the private physician's report to the school nurse after the exam.

☐   I am unable to take my child to a private physician and will call to discuss.

☐   I want to be present for the dental / physical examinations.

_____   _____
Parent/Guardian Signature   Date