

**MEDICAL INFORMATION & FORMS TO BE COMPLETED**

**PLEASE READ CAREFULLY**

I am happy to welcome you to the Immaculate Heart family and look forward to working with you and your daughter over the next four years. Included in this message are three (3) forms pertaining to the school's medical/health requirements. These are:

- Medical Admission Requirements: a form that details the school's medical requirements
- New Jersey Immunization Form: *NJ State Requirement for Admission*. The completion of the immunization information allows the nurse to open a file on your daughter. Please ***do not wait*** for your daughter's current school to send her records in the fall. **Your daughter is not considered registered and may not participate in athletics unless this state required information is provided.** Please bring the completed form(s) with you on the day of your daughter's registration. If you are not able to attend the scheduled registration, immunization forms must be sent to the nurse no later than the second week in February.
- Additional Health Information: a form that gives you the opportunity to provide the nurse with additional medical information to assist in planning for your daughter's arrival in September.

Please print your daughter's full name on each of the forms you are returning and staple the forms together. The completed forms/ stapled packet should be given to the IHA representative assisting you at registration.

**Important Information on Immaculate Heart's Physical Examination Policy**

*When you register your daughter you agree to comply with the policies set forth by Immaculate Heart Academy. The school's medical requirements may differ from those you are accustomed to through your insurance company or health care professional. The most significant difference is the school's requirement for an annual physical exam to be performed by your daughter's U. S licensed health care professional each summer she is enrolled at Immaculate Heart Academy.*

Please read the information provided on the following page in regard to this requirement. If this policy presents a financial or other hardship, please contact the school nurse immediately to discuss options to meet this requirement.

If you have any questions, please call me during regular school hours at 201-445-6800 ext. 129.

Pat Conaton CSN,RN

## **MEDICAL ADMISSION REQUIREMENTS**

Students accepting admission to Immaculate Heart Academy are responsible for meeting all state and school requirements. These requirements include:

1. Compliance with NJ state immunization laws
2. An ANNUAL SUMMER Physical Examination

### **1. State Immunization Requirements**

Students not in compliance may **not** enter school in September. Students with pre-existing medical and/or religious exemptions must contact the nurse immediately and provide appropriate written documentation of these exemptions. Exemptions must be reviewed annually and renewed when appropriate. An annual statement would be helpful. The requirements are:

<b>Diphtheria-Pertussis-Tetanus</b>	<b>3</b> doses minimum (tetanus booster is recommended every 10 years). 1dose <b>Tdap</b> students born after 1/1/97
<b>Polio</b>	<b>3</b> doses minimum
<b>Measles</b>	<b>2</b> doses for students <i>born after 1-1-90</i>
<b>Rubella</b>	<b>1</b> dose minimum
<b>Mumps</b>	<b>1</b> dose minimum
<b>Hepatitis B</b>	<b>3</b> dose series or <i>special 2 dose adolescent formulation</i> for students 11-15 years old.
<b>Varicella</b>	<b>1</b> dose (for students born after 1-1-98)
<b>Meningococcal</b>	<b>1</b> dose (for students born after 1/1/97 )

### **2. Annual SUMMER Physical Examination Information & Instructions**

- A. Your daughter's health care professional must perform a comprehensive physical exam ***between June 1 and Labor Day every year your daughter is a student at IHA. There are no exceptions to this requirement. Fall athletes must have their exam completed prior to the first day their team meets in August. It is highly recommended that fall athletes schedule their physical for a date in June or very early in July to allow time for the athletic clearance process.*** If your daughter usually has a physical another time of the year, you *must* make arrangements to have this exam done during the dates mentioned above. Please schedule an appointment soon since the summer months are very busy in most health care professional's offices. The physical exam packet will be distributed electronically in May and will also be available on the school's website. ***If this requirement poses a financial issue or any other concerns, please contact the school nurse immediately to discuss options to meet this requirement.***
- B. **DO NOT MAIL THE COMPLETED PHYSICAL EXAM FORM TO SCHOOL.** The nurse is not available during the summer months so mailing is not a good option. Forms will be collected in homeroom on the first day of school. **Always keep a copy of the completed physical for your records and for use for other camps and activities during the school year.**
- C. Athletes trying out for a fall sport must bring a copy of the completed form to the Athletic Director or trainer on the day specified by the athletic department. Please **DO NOT** give the original completed form to the coach, trainer, athletic director or any sports' camp directors. Please give them a copy of the completed form. Students should hand in the original form to their homeroom teacher on the first day of school. Students without a copy of their completed physical exam and who have not completed the full athletic clearance process may not try-out, practice or compete.
- D. All athletes are required to use the state form as per PL 2013 C 71 and all other students are strongly encouraged to do so. It is not unusual for students who originally had not planned on participating in athletics to discover an interest in a particular sport and want to sign up for participation. By using the athletic exam form, students can easily meet the requirements to participate in athletics should they decide to do so at any time during the school year. In those circumstances, use of a form other than the state athletic participation form may result in insurance and financial challenges. *The required form will be e-mailed to you in May. You should contact your health care professional as soon as possible to schedule a summer appointment.*

## NEW JERSEY IMMUNIZATION FORM

### STATE OF NEW JERSEY HEALTH HISTORY AND APPRAISAL

Name of Child (Last, First, M.I.)	Date OF BIRTH (Mo/Day/Yr)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>PARENT OR GUARDIAN</b>	NAME	TELEPHONE NO.
	ADDRESS	

VACCINE TYPE	DISEASE DATE	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	Mo/Day/Yr
DIPHTHERIA, TETANUS, PERTUSSIS - DTP <i>*(If DT or Td, indicate in corner box)</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLIO ORAL POLIO VACCINE (OPV) <i>If Salk Vaccine, indicate (IPV) in corner box</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEASLES, MUMPS, RUBELLA (MMR)					<b>Serology</b>		
MEASLES					Measles	Date:	Titer:
RUBELLA					Rubella	Date:	Titer:
MUMPS					Mumps	Date:	Titer:
HAEMOPHILUS B (HIB)**							
HEPATITIS B					Hepatitis B	Date:	Titer:
VARICELLA					Varicella	Date:	Titer:
Other (Specify)							
Other (Specify)							

Provisional admission attached—Date Granted: \_\_\_\_\_
  Medical exemption attached
  Religious exemption attached

HISTORY	YEAR	DRUG SENSITIVITIES	YEAR	OTITIS MEDIA	YEAR	OPERATIONS OR INJURIES	YEAR
ALLERGIES							
ASTHMA		HEART DISEASE		RHEUMATIC FEVER			
CHICKEN POX		HEPATITIS		STREP INFECTIONS			
CONGENITAL DEFECTS		LYME DISEASE		OTHER			
CONVULSIVE DIS.		MONONUCLEOSIS					
DIABETES		NEUROMUSC. DIS.					

