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 Director of Health Services  
 Office of Student Support Services

DEAR PARENT/GUARDIAN:

Please complete and return this document to your child's school nurse/school nurse practitioner and dental hygienist by **October 29, 2021**. Below is the **Provision of School Health Services and Mandated School Health Services Chart** for your review.

Due to COVID-19, an appointment prior to admission into any school building is required.

Thank you for your understanding.

SERVICE	K	1	2	3	4	5	6	7	8	9	10	11	12
Medical Examination	*	*					X			X			
Dental Examination	*	*		X				X					
Growth Screen (Height & Weight)	X	X	X	X	X	X	X	X	X	X	X	X	X
Hearing Screen	X	X	X	X				X				X	
Scoliosis Screen							X	X					
Vision Screen-Far & Near Visual Acuity Test	X	X	X	X	X	X	X	X	X	X	X	X	X
Vision Screen-Convex Lens Test (Plus Lens)		X											
Vision Screen-Color Vision Test		*	*										
Vision Screen- Stereo/Depth Perception Test		*	*										

SCHOOL	GR	HR	TEACHER	GENDER M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary <input type="checkbox"/>
STUDENT'S LAST NAME		STUDENT'S FIRST NAME & MI		DOB
ADDRESS		ZIP CODE	PHONE	
<input type="checkbox"/>	<b>NO, I DO NOT</b> want my child to be screened and/or examined by PPS School Nurse/Nurse Practitioner/District Physician or the Dental Hygienist/District Dentist. I will submit a current physical examination with screenings and dental examination with screenings to my child's school. <b>NOTE:</b> Exam report should not be dated prior to April 2021 or after March 2022.			
<input type="checkbox"/>	<b>Yes, I would like</b> my child to be screened and/or examined by PPS School Nurse/Nurse Practitioner/District Physician. I <b>do not</b> need to be present for the screening and/or examination.			
<input type="checkbox"/>	<b>Yes, I would like</b> my child to be screened and/or examined by PPS School Nurse/Nurse Practitioner/District Physician. <b>Yes, I would like to be present for the screening and/or examination and acknowledge that an appointment is needed prior to entry into the building.</b>			
<input type="checkbox"/>	<b>Yes, I would like</b> my child to be screened and/or examined by PPS Dental Hygienist/District Dentist. I <b>do not</b> need to be present for the screening and/or examination.			
<input type="checkbox"/>	<b>Yes, I would like</b> my child to be screened and/or examined by PPS Dental Hygienist/District Dentist. <b>Yes, I would like to be present for the screening and/or examination and acknowledge that an appointment is needed prior to entry into the building.</b>			
<input type="checkbox"/>	<b>Yes, my child is EXEMPT</b> from such screenings and/or examinations. It is contrary to my religious beliefs. Attached is my written notice.			

Print Name Parent/Guardian

Signature of Parent/Guardian

SHS 07-2021