

September 2021

DEAR PARENT/GUARDIAN:

The Board requires District students to have health and dental examinations, screenings and health monitoring in order to protect the school community from the spread of communicable disease in compliance with the School Code and the Pennsylvania Department of Education's guidance.

Each student shall receive a comprehensive health examination upon original entry (K/1), in sixth grade, and in ninth grade conducted by either the student's private physician, the school physician or school nurse practitioner in accordance with an approved modified schedule or manner of examinations.

Each student shall receive a comprehensive dental screening upon original entry (K/1), in third grade, in seventh grade and Regional Support Classrooms conducted by either the student's private dentist, the school dental hygienist or dental consultant.

Private health and/or dental examinations conducted at the parent/guardian's expense will be accepted in place of the school health or dental examination. Privately conducted physical and dental examinations must be completed within four (4) months prior to a student's entry into the grade where an exam is required.

The school nurse/nurse practitioner shall administer mandated screenings such as: vision tests, hearing tests, scoliosis tests, other tests deemed advisable, and height and weight measurements, at intervals established by the State and District to students in either all grades or specific grades. Height and weight measurements shall be used to calculate the student's weight-for-height ratio.

Parents/Guardians will be notified in advance of the evaluation and may choose to be present (*see attachment*). The District encourages that the physical and dental examination be conducted by your child's private physician and dentist to promote continuity of care.

Students may be exempted from such examination or screening if it is contrary to the parent's/guardian's religious beliefs communicated in writing to the school nurse/school nurse practitioner and dental hygienist.

**NOTE:** *When the District has received written notice from the parent/guardian that a medical examination is contrary to their religious beliefs, the student will be examined only when the Pennsylvania Secretary of Health or their designee determines that facts exist indicating that certain conditions would present a substantial menace to the health of others in contact with the student if the student is not examined for those conditions.*

**COVID Precaution:** All COVID precautions will be followed while screenings and examinations occur. Students are required to wear a face mask at all times and may only remove it briefly for the evaluation.

If you have any questions or concerns regarding this evaluation, please contact the School Nurse/Nurse Practitioner and Dental Hygienist at your child's school. Please complete and return the attached form.

HEALTH SERVICES  
Office of Student Support Services, Pittsburgh Public Schools

Attachment

341 South Bellefield Avenue | Room 430 | Pittsburgh, PA 15213-3552  
 Phone: 412-529-3942 | Fax: 412-622-3927  
 Rae-Ann L. Green, RN, BSN, M.Ed., BS Ed.  
 Director of Health Services  
 Office of Student Support Services

September 2021

**DEAR PARENT/GUARDIAN:**

Please complete and return this document to your child's school dental hygienist by October 29, 2021.

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

Thank you for your understanding.

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 Dental Hygienist/District Dentist. I will submit a current dental examination with screenings to my child's school. <b>NOTE:</b> Dental 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 Dental Hygienist/District Dentist. <b>I 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

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT  
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 20 \_\_\_\_

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
Last	First	Middle		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS

No. and Street      City or Post Office      Borough/Township      County      State      Zip

**REPORT OF EXAMINATION**

		TOOTH CHART																
		RIGHT								LEFT								
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
UPPER					A	B	C	D	E	F	G	H	I	J				Upper
LOWER		32	31	30	T	S	R	Q	P	O	N	M	L	K				Lower
UPPER																		Upper
LOWER																		Lower

Is The Child Under Treatment?      Yes       No

Treatment Completed      Yes       No

\_\_\_\_\_  
Date of Dental Examination

\_\_\_\_\_  
Signature of Dental Examiner

\_\_\_\_\_  
Print Name of Dental Examiner

\_\_\_\_\_  
Address

**OVER**