

Marion County Schools
Dental Examination and Health Check Requirements for
Pre-K, Kindergarten, 2nd, 7th & 12th Grades

****Important information****

WVBE Policy 2423-Health Promotion and Disease Prevention requires students entering Pre-K, Kindergarten, 2nd, 7th and 12th grades to show proof of a dental examination and HealthCheck examination AND proof of required immunizations must be provided prior to entry into school in the fall.

If your child has already received their health and dental examination within the last 12 months, please ask your child's physician and dentist to complete form and sign and date to show proof of the exams. If your child's physician provides an alternate form, that is also accepted as long as it is signed by the provider. **(For the exams to be considered up to date, the forms should be dated within one year of the first day of school).**

Student Name: _____

School: _____

Date of Birth: _____

IMMUNIZATIONS - **STUDENT MAY NOT ATTEND SCHOOL WITHOUT PROOF OF IMMUNIZATIONS**

Record of Tdap: _____ *(Required for 7th & 12th grade entry)*
(date)

Record of MCV: _____ *(Required for 7th & 12th grade entry)*
(date) (date)

Record of HPV: _____ *(Optional, but recommended)*
(date) (date) (date)

Provider's signature: _____

HEALTH EXAM

Date of exam: _____ Provider's signature: _____

Allergies: _____

Current medication(s): _____

Is this medication required at school? Yes: _____ No: _____

Health conditions that may require care at school: _____

Developmental Screen: WNL: _____ **OR** Abnormal (explain): _____

Height: _____ Weight: _____

Vision: Pass _____ Fail _____ Hearing: Pass _____ Fail _____

DENTAL EXAM

Date of exam: _____ Provider's signature: _____

Please fax or return this form to your child's school / or to the following address:

School Nurse's Office
601 Locust Avenue
Fairmont, WV 26554
(Fax) 304-366-2483