



Seymour | COMMUNITY SCHOOLS

Dear Parent/Guardian,

Seymour Community Schools would like to welcome your child to Kindergarten! We hope your child and your family have a wonderful educational experience with us.

Before attending school each student will be required to have a visit with your family doctor, dentist and eye doctor.

Attached is the combination form for the physical, dental and student's vision examination. Please complete these exams as soon as possible and return to your child's school.

If you cannot complete the exams before school is released for summer vacation, you may also return the form to the administration building at the address below. It will be forwarded to your child's school nurse.

If you have any questions or concerns please call the school your child will be attending.

M.R. Brown Elementary	812-522-5539
Cortland Elementary	812-522-7483
Emerson Elementary	812-522-2596
Jackson Elementary	812-522-5709
Redding Elementary	812-522-5621



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Estimado padre/Tutor

Seymour Community Schools desea darle la bienvenida a su hijo/a al Kínder! Esperamos que su hijo/a y su familia tengan una experiencia educativa maravillosa con nosotros.

Antes de asistir a la escuela es requerido que cada estudiante visite a su doctor familiar, a su dentista y a su oculista.

Adjunto se encuentra una combinación de formas para la examinación médica, del dentista y del oculista para su estudiante. Por favor complete estos exámenes y regréselos a la escuela de su estudiante.

Si usted no puede completar los exámenes en la fecha mencionada, usted puede entregar esta forma a la oficina de la administración a la dirección de abajo. Esta forma será enviada a la enfermera de la escuela de su estudiante.

Si usted tiene alguna pregunta o preocupación llame a la escuela a la que su estudiante asistirá.

Escuela Primaria M.R. Brown	812-522-5539
Escuela Primaria Cortland	812-522-7483
Escuela Primaria Emerson	812-522-2596
Escuela Primaria Jackson	812-522-5709
Escuela Primaria Redding	812-522-5621

Seymour Community Schools School Physical Examination Form

Child's Name _____

School Child will be attending _____ Date of Birth _____

(code: No Defect 0 Defect – Note)

Height _____ Weight _____

Head _____ DTP/DT/TD 1. _____
DtaP 2. _____

Eyes _____ 3. _____

Nose _____ 4. _____

Throat _____ 5. _____

6. _____

Heart _____ BP _____

Lungs _____ Pollo 1. _____

2. _____

3. _____

4. _____

5. _____

Abdomen _____

Posture _____ MMR 1. _____

2. _____

Operations _____ HEPATITIS A 1. _____ 2. _____

_____ HBV 1. _____

2. _____

Serious Illness / Injury _____ 3. _____

VARICELLA 1. _____

2. _____

CHICKEN POX DISEASE Yes _____ No _____ Date _____

Is there a condition which should be considered in planning this child's school program?

Date of Exam _____ Signed _____

Seymour Community Schools Dental Examination Form

(Code: No defect 0 defect – Note)

TEETH: Cavities _____ Malocclusions _____

Present Status: Restorations _____

Appointments Scheduled _____ Recommendations _____

Date of Exam _____ Signed _____

Seymour Community Schools Student Vision Form

Child's Name _____

Address _____ Date of Birth _____

Parent /Guardian _____

School child will be attending _____

1. Visual Acuity	Pass	Fail
<u>Distance</u>		<u>Near</u>
Undecided	R. eye 20/ L. eye 20/	R. eye 20/ L. eye 20/
Corrected	R. eye 20/ L. eye 20/	R. eye 20/ L. eye 20/

Remarks _____

2. Refractive Error	Pass	Fail
Remarks _____		

3. Ocular Health	Pass	Fail
Remarks _____		

4. Eye Muscle Balance	Pass	Fail
Remarks _____		

5. Binocular Depth Perception	Pass	Fail
Remarks _____		

6. Accommodation (Focusing Ability)	Pass	Fail
Remarks _____		

7. Color Perception	Pass	Fail
Remarks _____		

8. Other _____

- Analysis of Vision and Eye Health _____

- Recommendations _____ No treatment indicated _____ Glasses /Contacts _____

- Prescribed _____ Present Prescription Satisfactory _____ Vision Therapy _____

- Other _____

- Glasses /Contacts should be worn (if prescribed): Always _____ Desk Work Only _____ Far Vision _____

- Re-Examination Required _____

I certify that this child's vision and eye health have been examined and are sufficient to enter Kindergarten.

Date of Exam _____ Signed _____