



CHAMINADE HIGH SCHOOL

340 JACKSON AVENUE • MINEOLA, NEW YORK 11501-2441
TEL: (516) 742-5555 • FAX: (516) 742-1989 • WWW.CHAMINADE-HS.ORG

OFFICE OF THE PRINCIPAL

May 2018

Dear Parents of Students in the Class of 2022:

As the school year nears its conclusion, there are a number of items which I would like to bring to your attention:

1. Health Records. New York State law is most stringent regarding school health records. In order for your son to begin classes at Chaminade, both a certificate of immunization and a record of a physical examination must be on file at Chaminade.

All physical exams must be dated after June 1, 2018 for the school year 2018-2019.

To properly comply with the law and with the requirements of Chaminade, you should do the following:

- A. Arrange for an appointment with your family doctor **during the summer** so that your son may have a physical examination before the school year begins.
- B. At the time of the examination, have the doctor complete both sides of the enclosed yellow health card which asks for all the required data. Please note that every immunization date must be supplied in the form of month, day, and year. This card asks for all the data which the law specifies as required. Please note that the following must be specifically recorded:
 - 1) blood pressure
 - 2) pulse
 - 3) urine check
 - 4) permission to participate in interscholastic sports.
- C. Your son should bring the card with him on the first day of the Orientation program, Monday, August 27th, and present it to his homeroom moderator. (If your son tries out for a sport which begins before August 27th, then he should bring the card on the Fall Sports Card Collection Day (See Mr. Callinan's March e-mail letter).

In order to prevent any last minute problems, I recommend that you make the appointment for the summer now! It seems that many doctors go on vacation in August; others are swamped with appointments then. When your son does go for the examination, make sure that the doctor completes all parts of the examination card. **(Do not mail the card to Chaminade.)** Your son should bring it with him on the first day. Both the certificate of immunization and the record of physical examination must be on file at Chaminade in order for your son to begin classes.

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2. Summer Mailing. In early August, you will receive information about the details of the opening of school in September. To assist the long-range planning for your family's activities, the following are the major dates of the 2018-2019 school year:

First day of school: Wednesday, September 5, 2018

Christmas: Make-up Exams, Friday, December 21, 2018

Recess: Monday, December 24 through Wednesday, January 2, 2019

Winter Recess: Monday, February 18 through Friday, February 22, 2019

Easter: Make-up Exams, Wednesday, April 17, 2019

Recess: Thursday, April 18 through Friday, April 26, 2019

Graduation: Sunday, June 2, 2019

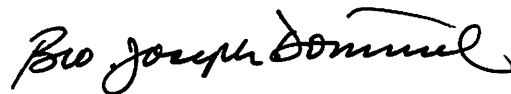
Summer Recess Begins: Friday, June 21, 2019

3. Parents Club. This past year, the Parents Club, under the leadership of Nancy and Michael Montelli has been most active and involved. The overall list of activities is too long to enumerate here, but to all who participated, thanks and congratulations on your success and service. On behalf of the faculty and administration, I would like to thank Nancy and Michael and their fellow officers for their generous leadership and splendid cooperation this year.

4. We look forward to welcoming parents of incoming freshmen at the *iPad/Parent Orientation* to be held on Monday, August 27, 2018 from 8:30 a.m. to 3:30 p.m. It will be a nice time to meet parents of other freshmen and get a first hand experience of the Parents Club. More information will be forthcoming.

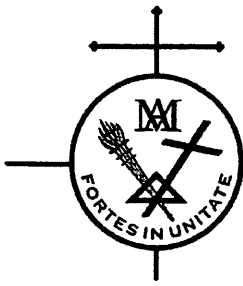
May the blessings of Christ and His Mother be with you and your family.

Sincerely yours,



Bro. Joseph Bellizzi, S.M. '78
Principal

JB:cd
enc.



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May 01, 2018

Dear Parents or Guardian,

The purpose of this letter is to inform you about the updated New York State's immunization requirements put into effect for students entering 9th grade in the 2018/2019 school year.

- **Students entering 9th grade must have either:**
 - *2 doses of varicella vaccine**
 - * A diagnosis of disease as evidence of immunity made by physician, nurse practitioner or physician's assistant**
 - * Serological evidence of immunity for varicella**

If you have a child entering the 9th grade please contact your child's physician to ensure that your child is in compliance with the 2018/2019 New York State immunization requirement for school attendance.

Please be sure the necessary documentation is recorded on the student's physical.

Thank you in advance for your cooperation. If you should have any questions, please call 742-5555, x524.

Sincerely yours,

Jean Drumm RN & Kathie Riedman RN

Entry into Chaminade High School is prohibited unless this certificate is on file the first day of school. EACH ITEM MUST BE SPECIFICALLY FILLED IN.

NAME _____ ADDRESS _____ HOME PHONE _____

PERSON TO CONTACT _____ RELATIONSHIP _____ EMERGENCY _____
 IN EMERGENCY _____ TO STUDENT _____ PHONE _____

- 1. BP _____ Pulse _____
- 2. Height _____ Weight _____
 Body Mass Index: _____
 Weight Status Category (BMI Percentile) Check one:
 less than 5th 5th-49th 50th-84th
 85th-94th 95th-98th 99th and higher
- 3. Urine (required)
 Sugar _____ Protein _____
- 4. Heart _____
- 5. Lungs _____
- 6. Eyes R _____ L _____
- 7. Visual Diagnosis _____
- 8. Ears _____

- 9. Nose _____
- 10. Throat _____
- 11. Tonsils _____
- 12. Teeth and gums _____
- 13. Skin _____
- 14. Glands (cervical, thyroid, other) _____
- 15. Nervous system _____
- 16. Hernia _____
- 17. Genitourinary _____
- 18. Abdomen _____
- 19. Scoliosis positive negative

Significant Medical History and Allergies _____

Recommendations: _____

*The above-named student may participate in physical education/interscholastic sports Yes No

List Exceptions: _____

Certificate of Immunization

Date of Birth: ____ / ____ / ____

In accordance with NYS Immunization Law, entry into Chaminade requires that a Certificate of Immunization, signed by a physician listing exact dates be on file by the first day of school.

REQUIRED IMMUNIZATION Please enter exact MONTH, DAY and YEAR of each immunization.

DPT-DT (required): ____ / ____ / ____, ____ / ____ / ____, ____ / ____ / ____, ____ / ____ / ____, ____ / ____ / ____

Tdap (required): ____ / ____ / ____

Polio (required): ____ / ____ / ____, ____ / ____ / ____, ____ / ____ / ____, ____ / ____ / ____

MMR (required): I. ____ / ____ / ____ II. ____ / ____ / ____

Hepatitis B (required): I. ____ / ____ / ____ II. ____ / ____ / ____ III. ____ / ____ / ____

Varicella (Vaccine or date of disease) (required) ____ / ____ / ____, ____ / ____ / ____ MENINGOCOCCAL ACWY(Required): ____ / ____ / ____

Other Vaccines: Type + Date _____

Date of examination _____ Signature _____ M.D.

(Family Physician)

Office Stamp _____ M.D. Signature _____ M.D.

(School Physician)

PLEASE COMPLETE BACK (OVER)

Below to be completed by a Parent/Guardian or Physician (REQUIRED)

1. History of significant illness, injury, or surgery (please specify and give date):

2. Please list current medications (include name, dose, time given) SEE HANDBOOK FOR SCHOOL MEDICATION PROCEDURE:

3. Chronic medical condition (i.e. asthma, diabetes, seizure disorder, heart condition). Please specify:

4. Allergies, history of anaphylaxis, rescue medication ordered? Please specify: _____

Parent Signature _____ Date _____

OR

Physician's Signature _____ Date _____

IS THERE ANY OTHER INFORMATION THAT YOU THINK THE HEALTH OFFICE SHOULD KNOW?
