

BISHOP CANEVIN HIGH SCHOOL

OFFICE OF THE PRINCIPAL

2700 Morange Road | Pittsburgh, PA 15205

June 11, 2019

Dear Parents / Guardians of the Class of 2023,

Medical exams are **required** for all ninth grade students.

- For 9th grade students **not participating in a fall sport**, the BC Health Assessment (physical) section and the immunization section on the back of this letter must be completed by your child's physician or doctor's office. Return this form to the school's Main Office by September 3, 2019.

OR

- For 9th grade students participating in a sport during the 2019-2020 school year, 2 health items need to be completed.
 1. Complete Sections 1-6 of the enclosed **PIAA Comprehensive Initial Pre-participation Physical Evaluation** (PIAA CIPPE) and return by August 9, 2019 to a coach or the Athletic office **prior to any participation**. If participating in a 2nd or 3rd season return Section 7 *just prior to that season*. If your student will participate in wrestling, section 9 will be needed.

AND

2. For the School Nurse, return the **Immunization** information (immunization section on the back of this letter or the doctor's office immunization form) via the school's Main Office by September 3, 2013. **AND**, return either the BC Health Assessment (physical) section on the back of this letter **or** a copy of Sections 1-6 of the PIAA form to the attention of BC's School Nurse **at the same time that you provide the original for Athletics**.

*Please refer to the enclosed Allegheny County Health Department flyer detailing County requirements.


- ✓ **Epecially note**, meningococcal conjugate vaccine for entry into 12th grade.

If you do not have an immunization provider, all students in Allegheny County, 18 years and under may obtain vaccines through the Allegheny County Health Department's Immunization Walk-in Clinic located downtown. The phone number is 412-578-8062. Also, if you are unable to obtain a physical exam for your child by September 3, 2019, please call 412-922-7400, ext. 212 during the summer.

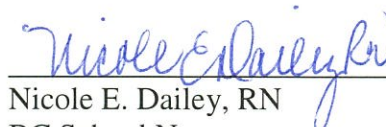
After a student's freshman year, parents will receive the Immunization Report form for 10th through 12th grade students since the Allegheny County Health Department requires yearly vaccine updates for high school students.

If there are any questions, please call 412-922-7400, ext. 212 during the summer.

Sincerely,



Michael V. Joyce
Principal



Nicole E. Dailey, RN
BC School Nurse

MVJ, NED/pg

Over

HEALTH ASSESSMENT REPORT

School Bishop Canevin High School Grade _____ Homeroom _____

Child _____ DOB _____ Gender: M F

HEALTH HISTORY (attach sheet if additional space is needed.)

Physical Examination:

Pulse B.P. _____ / _____ Ht. _____ Wt. _____	Resp. BMI _____ BMI % _____
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Visual Acuity	
Far O.D. _____	O.S. _____
Near O.D. _____	O.S. _____
(C or S Lenses) _____	

	Normal	Abnormal	Not Examined	Describe Findings
General Appearance				
Skin				
Eyes				
Ears (canals and TMs)				
Nose, Mouth, Throat				
Teeth, Gingiva				
Neck, Thyroid				
Chest (breasts)				
Lungs				
Heart				
Abdomen (hernia)				
Genitalia				
Joints, Muscles				
Posture, Gait				
Neurological				
Spine				

Immunizations: REQUIRED by state law for entry into school.

VACCINE Circle appropriate item	Enter Month, Day and Year EACH dose for the Immunization was given.				
Diphtheria, Tetanus and Pertussis (DTaP, DTP, Td or DT)	1	2	3	4	5
Tdap (required once 9th-12th grades)	1				
Polio (OPV or IPV)	1	2	3	4	
Hepatitis B	1	2	3		
Measles – Mumps – Rubella (MMR)	1	2			
Meningitis (MCV4)	1	2 (prior to 12 th gr.)			
Varicella (Vaccine or Disease)	1 (12-16 months)	2 (4-6 years)	If your child has not been vaccinated but has had the chicken pox disease you will need to provide a written statement from the child's doctor noting the month & year of the disease.		
Age appropriate dose(s) of varicella vaccine or history of disease and 3 doses Hepatitis B vaccine required for 12 years old or entry into 7 th grade.					

Immunizations: RECOMMENDED by the Health Department. Circle all your child has received.

VACCINE	1	2	3	Enter Month, Day and Year EACH Immunization was given.
Hepatitis A				
HPV				
Influenza				

Should this child have restrictions on play or physical education activities? YES NO

<u>Assessment:</u>
<u>Plan:</u>

Date _____ Name of Examiner _____ Signature of Examiner _____