



SCHOOL DISTRICT OF THE CHATHAMS

259 Lafayette Avenue
CHATHAM, NEW JERSEY 07928
(973) 457-2500 (PHONE)

From the School Nurse

Dear Parents/Guardians:

Welcome to the School District of the Chathams! We are looking forward to meeting you and your child very soon.

Part of the process of completing registration involves submitting state-mandated paperwork. Here is a list of required documents and information about where to submit them:

	Name of Form	Acceptable Documents	Submit to...
1.	Proof of Birth Date	Original birth certificate, Passport	Sally Moreno, Registrar
2.	Proof of Immunization	Copy of immunization record from physician's office, Original immunization records, State school health record from previous school	Sally Moreno, Registrar
3.	SDOC Health History Form*		Sally Moreno, Registrar
4.	SDOC Physical Exam Report*		Your child's school nurse
5.	SDOC Tuberculin Test Form *(if applicable)		Your child's school nurse

*Please download these forms from the website, or request hard copies from our registrar.

Information about state required immunizations can be found here:
<http://nj.gov/health/cd/documents/k12-parents.pdf>

If your child will require medication at school or if your child has special needs related to his or her health, please be in touch with us anytime. We look forward to speaking with you before your child starts school in order to answer your questions and to plan for his or her well-being.

Again, welcome to the School District of the Chathams!

Sincerely,

Erin Zotti, RN
School Nurse
Milton Avenue School
(973) 457-2508
ezotti@chatham-nj.org

Kimberly Auer, RN
School Nurse
Southern Boulevard School
(973) 457-2509
kauer@chatham-nj.org

Christina Sachs, RN
School Nurse
Washington Avenue School
(973) 457-2510
csachs@chatham-nj.org

SCHOOL DISTRICT OF THE CHATHAMS, CHATHAM, NEW JERSEY
PHYSICAL EXAMINATION REPORT (To be completed by Physician)

Please complete both sides

Circle Grade: Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Student's Name _____ Date of Birth _____

Address: _____ Phone: _____ School: _____

Health History

Allergies: _____ Diseases: _____ Chicken Pox (Year _____), _____ Pertussis (Year _____),
_____ Strep, _____ Lyme Disease (Year _____), _____ Diabetes, _____ Heart Disease, _____ Asthma, _____ Mononucleosis,
_____ Convulsive Disorder, Others (please specify) _____

To be completed by Physician:

Date of Examination: _____

Height: _____ Weight: _____ Blood Pressure: _____

	Normal	Abnormal	Needs Follow-up	Not Examined
Ears				
Eyes				
Lymph Glands				
Thyroid				
Nose				
Throat				
Teeth-Mouth				
Heart				
Lungs				
Abdomen				
Hernia				
Genito-Urinary				
Orthopedic				
Scoliosis				
Skin				
Nutrition				
Nervous System				
Speech				
General Appearance				

Remarks: _____

May this pupil participate in the entire PHYSICAL EDUCATION PROGRAM? If not, please state reason:

May this pupil participate in Physical Education related activities such as Football, Soccer, Basketball, Cross country, Track, Wrestling, Tennis, Golf, Lacrosse, Aerobics, Gymnastics, and Weight Lifting?

Yes _____ No _____

Does student have any health conditions currently requiring treatment?

___ No ___ Yes (Specify): _____

Physician (Print or Stamp)

Physician Signature

(OVER)

Student: _____

Date of Birth: _____

IMMUNIZATION HISTORY*Please print clearly or attach a separate Immunization Report*

Vaccine Type	1 st Dose Mo/Day/Yr	2 nd Dose Mo/Day/Yr	3 rd Dose Mo/Day/Yr	4 th Dose Mo/Day/Yr	5 th Dose Mo/Day/Yr	Mo/Day/Yr
DIPHTHERIA, TETANUS, PERTUSSIS *(If Td or DT, indicate in box)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLIO-INACTIVATED POLIO (If oral vaccine, indicate OPV in box)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEASLES, MUMPS, RUBELLA (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<u>History of Disease or Titer</u>		
MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>			
RUBELLA	<input type="text"/>	<input type="text"/>	<input type="text"/>			
MUMPS	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hepatitis B	Date:	Titer:
HAEMOPHILUS B (HIB)**	<input type="text"/>	<input type="text"/>	<input type="text"/>	Varicella	Date:	Titer:
HEPATITIS B	<input type="text"/>	<input type="text"/>	<input type="text"/>	Measles	Date:	Titer:
VARICELLA	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mumps	Date:	Titer:
PNEUMOCOCCAL CONJUGATE**	<input type="text"/>	<input type="text"/>	<input type="text"/>	Rubella	Date:	Titer:
MENINGOCOCCAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HEPATITIS A***	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HPV*** (HUMAN PAPILLOMAVIRUS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

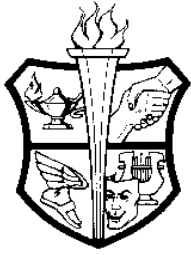
*REQUIRES MEDICAL EXEMPTION

**REQUIRED FOR DAY/CHILD CARE ENROLLEES (2 months-5th birthday only)

***NOT REQUIRED

*Physician (Print or Stamp)*_____
Physician Signature

(OVER)



School District of the Chathams

School Health Services

Tuberculosis Testing Documentation

Dear Parent/Guardian:

The New Jersey State Department of Health and Senior Services requires tuberculin skin testing ("Mantoux" test) or Interferon- Gamma Release Assay Test (blood test) for all students who fall into one of two categories:

- Those entering a school system in the United States for the first time, if born in a high incidence country
- Those transferring to a New Jersey school system from a country with a high TB incidence.*

***Students entering a U.S. school for the first time in New Jersey or transferring to a New Jersey school from ANY country NOT listed below must receive an Interferon-Gamma Release Assay blood test or a Mantoux tuberculin skin test:**

America Samoa	Lebanon
Andorra	Luxembourg
Antigua and Barbuda	Malta
Australia	Monaco
Austria	Montserrat
Barbados	Netherlands
Belgium	Netherlands Antilles
Bermuda	New Zealand
Canada	North Ireland
Cayman Islands	Norway
Cook Islands	Oman
Costa Rica	Puerto Rico
Cuba	Saint Kitts and Nevis
Cyprus	St. Lucia
Czech Republic	St. Maarten (Dutch)
Denmark	San Marino
Dominica	Slovakia
Finland	Slovenia
France	Spain
Germany	Sweden
Greece	Switzerland
Greenland	Trinidad and Tobago
Grenada	Turks and Caicos Islands
Iceland	United Arab Emirates
Israel	United Kingdom of Great Britain and Northern Ireland
Italy	United States of America
Jamaica	United States Virgin Islands
Jordan	West Bank and Gaza

(over)

If you have information or records pertaining to a previous tuberculin test reaction, chest x-rays, BCG vaccination; or if your child has been immunized against measles, mumps, polio, rubella (German measles) or smallpox in the past 3 months, please notify your school nurse.

The tuberculin tests may be done at your private physician's office. If you do not have a private physician, please contact your school nurse.

Students who have received tuberculin testing within the past 6 months will not require additional testing, pending the provision of official documentation.

If you have questions, please contact your school nurse.
Thank you!

Please detach and return to your school nurse, if applicable

Dear School Nurse,

_____ received tuberculin testing on
Name of Student (please print)

_____ and the results were _____.
Date

Signature of Physician Date

For significant reactors:

Date of Chest X-Ray_____
Result of Chest X-Ray _____
Treatment regimen:_____

Physician's Stamp

School District of the Chathams
Last revised 1/2018



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Entrance into kindergarten marks an exciting time for both parents and children. The following is a brief overview of the remaining steps in the Kindergarten Registration process. Feel free to contact your child's school to speak with the secretaries or the nurse should you have additional questions.

Scheduling a date for an appointment with the nurse

Please call the secretaries in the main office at the school where your child will be enrolled to arrange an appointment with the nurse. These appointments are scheduled during a week in the spring (usually in March or April). The secretary will provide you with the dates.

An appointment with the nurse

Here, you and your child will have an opportunity to meet the school nurse. The completed forms contained in the "From the School Nurse" packet, given to you at the time of registration, are due at the time of this appointment.

The nurse will conduct both a hearing and a vision screening and review your child's health file—including the immunization record, the health history, the physical exam report and the tuberculosis test documentation form. This is a great time to begin a conversation with the nurse about your child's specific health issues or to ask any questions that you may have regarding your child's physical and emotional well-being at school.

Parent and Student Orientations

Later in the spring (usually May or June), you and your child will be invited back to the school for a visit. Parents will gather to receive an orientation to the kindergarten curriculum and daily routines. Children will have the chance to visit a kindergarten classroom and spend time with our kindergarten teachers. Information regarding times and dates will be provided to you by the individual schools.

Class assignments

During the summer, class lists are developed for each school. Your child's placement will be listed in the Parent Portal during the summer. Your child's teacher and your child's session time (am or pm) will be announced at this time. In addition, this communication will include an appointment for "Kindergarten Assessment".

Kindergarten Assessment

The first four days of school will be used to assess new kindergarten students. Your child will be scheduled for his or her assessment on one of these days. Please refer to the communication that you received from your child's school for the date and time of your child's assessment appointment. During your child's appointment, his or her teacher will gather information to use to drive instruction.

Kindergarten Start Date

Regular Kindergarten sessions will begin on August 31, 2020 after all assessments have been completed.