

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

**\*\*Important information\*\***

WVBE Policy 2423-Health Promotion and Disease Prevention requires students entering Pre-K, Kindergarten, 2<sup>nd</sup>, 7<sup>th</sup> and 12<sup>th</sup> grades to show proof of a dental examination and HealthCheck examination 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:** \_\_\_\_\_

**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 \_\_\_\_\_

**Immunizations - \*\*Student may not attend school without proof of required immunizations\*\***

Record of Tdap: \_\_\_\_\_ **(Required for 7<sup>th</sup> & 12<sup>th</sup> grade entry)**  
(date)

Record of MCV: \_\_\_\_\_ **(Required for 7<sup>th</sup> & 12<sup>th</sup> grade entry)**  
(date) (date)

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

Provider's signature: \_\_\_\_\_

**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**  
**100 Naomi Street**  
**Fairmont, WV 26554**  
**(Fax) 304-367-2174**