



Dear Parents/Guardians:

Enclosed are your child's medical and dental forms for the 2025-2026 school year. Please have your family doctor complete the new forms. Return them to your child's teacher in September. A complete physical and dental examination is required at school entry level. All immunizations must be up-to-date in order to attend school. The new immunization requirements include:

- Three doses of Hepatitis B Vaccine;
- Two doses of measles, Mumps, Rubella (MMR) vaccine given on or after the child's first birthday;
- A fourth dose of tetanus, diphtheria (Tdap), and pertussis administered on or after the fourth birthday;
- Four doses of OPV or IPV (Polio) Vaccine and 4th dose on or after 4th birthday and at least 6 months after 3rd dose;
- Two doses of Varicella given after 1st Birthday.

Thank you for your cooperation.

Sincerely,

Mary Becker
Director

THE SCHOOL DISTRICT OF PHILADELPHIA
REPORT OF PRIVATE DENTAL EXAMINATION

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade
<p>TO THE DENTIST</p> <p><i>Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).</i></p> <p><i>These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.</i></p> <p><i>Thank you for your cooperation.</i></p>			
UNDER TREATMENT / WORK BEGUN		COMPLETION OF WORK / NO TREATMENT NECESSARY	
Date Work Begun		<input type="checkbox"/> No Treatment Required Now	
Scheduled Follow-up Appointment		<input type="checkbox"/> All Necessary Dental Work Completed	
Date of Dental Examination		Expected Completion Date	
<i>Comments / Follow-up Treatment / Special Instructions to School</i>			
Name of Dentist		Telephone	
Signature of Dentist		Date Signed	
Address		Fax Number	

IMPORTANT:

Return this form to:

Certified School Nurse/Practitioner

School

School Address

Phone Number

THE SCHOOL DISTRICT OF PHILADELPHIA
REPORT OF PRIVATE DENTAL EXAMINATION

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade
<p>TO THE DENTIST</p> <p><i>Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).</i></p> <p><i>These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.</i></p> <p><i>Thank you for your cooperation.</i></p>			
UNDER TREATMENT / WORK BEGUN		COMPLETION OF WORK / NO TREATMENT NECESSARY	
Date Work Begun		<input type="checkbox"/> No Treatment Required Now	
Scheduled Follow-up Appointment		<input type="checkbox"/> All Necessary Dental Work Completed	
Date of Dental Examination		Expected Completion Date	
<i>Comments / Follow-up Treatment / Special Instructions to School</i>			
Name of Dentist		Telephone	
Signature of Dentist		Date Signed	
Address		Fax Number	

IMPORTANT:

Return this form to:

Certified School Nurse/Practitioner

School

School Address

Phone Number