



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Mary T. Bassett, MD, MPH

Commissioner

NEW YORK CITY DEPARTMENT OF
EDUCATION

Carmen Fariña

Chancellor

OFFICE OF SCHOOL HEALTH

NEW ADMISSION EXAM NOTICE

Name of Child _____

DOB _____

School _____

Grade/Class _____

Date _____

Dear Parent/Guardian,

Good health is important for learning. New York City Public Health Code and Chancellor’s Regulations REQUIRE that a complete physical examination form MUST be submitted for:

- All students entering New York City Schools for the first time
- All students entering kindergarten

There is no record of this examination in your child’s file. Please have your child’s medical provider complete the enclosed “New Admission Exam” (CH205) form and return it to the school medical room as soon as possible.

If we do not receive the necessary information or hear from you within the next two weeks, your school nurse is required to place your child on our Office of School Health’s Doctor’s Schedule for a physical examination. You will receive a second letter notifying you of the date and time so that you can make every effort to attend.

Please feel free to call your school’s nurse, _____, if you have questions or need assistance with finding a physician or obtaining health insurance.

The nurse can be reached at _____ during regular school hours.

Sincerely,

Cheryl Lawrence, M.D, FAAP
Medical Director
Office of School Health