

## **Baldwin-Whitehall School District**

Administration Office: 4900 Curry Road • Pittsburgh, Pennsylvania 15236-1817 Telephone: 412-884-6300 • FAX: 412-885-7802 • Website: www.bwschools.net

Baldwin High School 412-885-7500, Ext. 4 Fax: 412-885-6652

MANUEL OEL CONTIDENTO

J.E. Harrison Education Center 412-885-7530, Ext. 4 Fax: 412-885-6766

McAnnulty Elementary 412-714-2020, Ext. 3 Fax: 412-714-2024

Whitehall Elementary 412-885-7525, Ext. 3 Fax: 412-885-7559

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## **HEALTH SERVICES**

NAME OF STUDENT:	GRADE
along with scoliosis scr Examinations are requ Dental examinations u Scoliosis screening is re	sylvania provides for a periodic health and dental examination eening of all children who are attending school. Physical ired upon entrance to school and in sixth and eleventh grades. pon entrance to school, third and seventh grades are required. equired in sixth and seventh grades. Tuberculin screening is upon original entry into the United States.
Please check the appro	priate answer:
	I wish for my family physician to do the exam. (Kindergarten and Grades 6 and 11)  I wish for my family dentist to do the exam. (Kindergarten and Grades 3 and 7)
	I wish the school personnel to do the physical/dental exam.
	My child may be screened for scoliosis in school. (Grades 7)
PARENT/GURADIAN	SIGNATURE
DATE:	
HOME PHONE:	
WORK PHONE:	