

State Mandated Health Screenings:

The following is a notification of yearly mandatory screenings that will be conducted by the school nurse, and by the School Dentist as applicable, as per the State of New Jersey for all students in the respective grades from October 1st until the last day of the school year: (all Scoliosis Screening will be preceded by an additional notification form as per state directives)

PreK3-PreK4: Dental, Height, Weight, Vision, Hearing

Kindergarten: Height, Weight, Blood Pressure, Vision, Hearing

1st Grade: Height, Weight, Blood Pressure, Hearing

2nd Grade: Height, Weight, Blood Pressure, Hearing, Vision, Color Vision

3rd Grade: Height, Weight, Blood Pressure, Hearing

4th Grade: Height, Weight, Blood Pressure, Vision

5th Grade: Height, Weight, Blood Pressure, Scoliosis (Physical examination by your private Physician is suggested at this grade level)

6th Grade: Height, Weight, Blood Pressure, Vision

7th Grade: Height, Weight, Blood Pressure, Hearing, Scoliosis

8th Grade: Height, Weight, Blood Pressure, Vision

9th Grade: Height, Weight, Blood Pressure, Scoliosis

10th Grade: Height, Weight, Blood Pressure, Vision

11th Grade: Height, Weight, Blood Pressure, Hearing, Scoliosis

12th Grade: Height, Weight, Blood Pressure

Parents/Guardians who prefer to have their child screened by their private physician must provide a letter of notification of their intention submitted to the school nurse by October 1st and documentation of the grade appropriate screenings conducted by a physician dated during the current school year only, must be submitted by May 1 of the same school year .