

**Oneonta High School  
Health Office**  
130 East St.  
Oneonta NY 13820  
607-433-8243 ext. 2126/2124  
Fax 607-433-8249

**Cathryn Hassick, BSN, RN**  
*School Nurse*

**Wanda Gracy**  
*Health/Attendance Secretary*

Dear Parents/Guardians of 9<sup>th</sup> & 11<sup>th</sup> Graders:

New York State Education Law Section 904 requires that all 9<sup>th</sup> and 11<sup>th</sup> graders have an updated physical. At the start of school we will be scheduling physicals with the school provider. Your 9<sup>th</sup>/11<sup>th</sup> grader needs a physical either with the school provider or your own provider. You must provide the health office with a copy of a completed physical. Please use the New York State Health Examination form enclosed. If we do not receive a copy of the physical, the students will be scheduled for a physical with the school provider.

Please complete the form below indicating your preference for physical location and returned to the Health Office.

Thank you for your cooperation.

Name of Student: \_\_\_\_\_

\_\_\_\_\_ I wish for my 9<sup>th</sup>/11<sup>th</sup> grader to receive a physical with the school provider.

\_\_\_\_\_ I have arranged an appointment for my 9<sup>th</sup>/11<sup>th</sup> grader with our own provider.

The date of the examination is \_\_\_\_\_.

If this form is not returned, any required physical will then be scheduled in the Health Office with the school provider.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date