2018-2019

| MAGNUS HEALTH REQUIREMENTS | All re-enrolled students | Preschool (3 y/o & NEW 4 y/o) | Kindergarten | 2 nd grade | 6 th grade | New Students 1 st -8 th grade |
|---|--------------------------|-------------------------------------|---------------|-----------------------|-----------------------|--|
| Vital Health Record | Yes | Yes | Yes | Yes | Yes | Yes |
| Annual Physical/ Immunizations | If applicable | Yes | Yes | No | Yes | Yes |
| Dental Exam | If applicable | No | Yes | Yes | Yes | 2 nd and 6 th grade |
| Eye Exam | If applicable | No | Yes | No | No | Yes |
| Prescription Medications/ Over- the-Counter Medications | If applicable | If applicable | If applicable | If applicable | If applicable | If applicable |
| Asthma Action Plan | If applicable | If applicable | If applicable | If applicable | If applicable | If applicable |
| Food Allergy Action Plan | If applicable | If applicable | If applicable | If applicable | If applicable | If applicable |
| Diabetes Action Plan | If applicable | If applicable | If applicable | If applicable | If applicable | If applicable |
| Seizure Action Plan | If applicable | If applicable | If applicable | If applicable | If applicable | If applicable |

All forms can be found in the Magnus Health portal and should be uploaded, faxed or mailed (with a cover sheet) to Magnus Health.