



TCRHCC School

Health Packet

- Quick Registration Form
- Mobile Dental Consent
- Public Health Nursing Flu Consent
- HPDP Fitness Gram Consent

Please review and sign all forms



Tuba City Regional Health Care Corporation

167 N Main St
PO Box 600
Tuba City, AZ 86045
(928) 283-2501

Patient Registration Quick Update Form

Date: _____ Date of Last Complete Update: _____ HRN: _____

Please read carefully and complete ALL blank spaces below. Current information is required to provide quality care and service.

Name (LAST, First, Middle):		Social Security #:		Date of Birth:	
Tribe Enrollment Name:		Census #:		Tribal Quantum:	
Current Location of Home:				City/State:	
Current Mailing Address:			City/State:		Zip Code:
Phone#:		Alternate Phone#:		Message Phone#	
Emergency Contact (Name):		Relationship:		Emergency Phone #:	
Emergency Contact Address:			City/State:		Zip Code:
Are you currently Employed? YES NO		Name of Employer:		Employer Phone#:	
Employment Status: (Please Circle) Full-Time Part-Time		Employer Address:		City/State: Zip Code:	

Do you have AHCCCS? YES NO		AHCCCS ID#:		Parents, please provide information: Monthly Income: _____ Number of Household: _____	
Do you have Medicare? YES NO		Medicare #:			
Do you have Private Insurance? YES NO		Policyholder Name:			Policy #:
Private Insurance Name:				Insurance Phone #:	

Influenza Immunization Consent

Parent/Guardian: Please answer both questions below if you want your child to receive the FLU vaccine.

1. Has your child ever had an allergic reaction to the FLU Vaccine?

☐ Yes ☐ No

2. Please check one option below:

☐ Please give my child the *Injectable* Flu Vaccine (annual Flu shot)

OR

☐ I do not want my child to receive the flu vaccine at school

I have been given a copy and have read the information in the Vaccine Information Statement for Flu Vaccine (included in school registration packet).

Print Student Name

Student Date of Birth

Signature of Parent/Guardian ONLY

Current Phone Number

Date and Time

In case further information needed



☞ **Please attach copy of guardianship paperwork to this form** ☞

Routine Childhood Immunization ConsentSchool: Moencopi Day Sch

Parent/Guardian: Please answer the questions below if you want your child to receive the routine childhood vaccines that he/she is due to receive. This may include:

- a) **4-year-old vaccines:** Measles/Varicella, Tetanus/Diphtheria/Pertussis/Polio
b) **11-year-old vaccines:** Meningitis, HPV, Tetanus/Diphtheria/Pertussis

1. Has your child ever had an allergic reaction to any Vaccine? ☐ Yes ☐ No

If yes, which vaccine and what was the reaction? _____

Your child may receive the routine childhood vaccines that are indicated based on his/her age and vaccine history at TCRHCC and the Arizona state vaccine registry.

☐ *Yes, please give my child the routine vaccines he/she is due to receive*

OR

☐ *I do not want my child to receive any routine childhood vaccines at school*

I will be contacted via phone and sent a copy of the Vaccine Information Statement for the vaccines my child is due for via email before any vaccines are given.

Print Student Name

Student Date of Birth

Signature of Parent/Guardian ONLY

Current Phone Number

Date and Time

In case further information needed



☞ **Please attach copy of guardianship paperwork to this form** ☞



TUBA CITY REGIONAL HEALTH CARE CORPORATION

MOBILE DENTAL PROGRAM

This school year the students will be receiving a comprehensive dental exam, x-rays, cleaning, and application of sealant and fluoride on the mobile dental van.

DENTAL SEALANTS are hard plastic coatings which protect the grooved surfaces of permanent teeth. They seal the deep pits and fissures and prevent decay. The application is painless and does not require numbing the mouth or drilling. Minor risks include gagging, swallowing/aspiration of required dental materials, and small, temporary changes in bite.

FLUORIDE VARNISH is a sticky, protective coating that is painted on the teeth to help prevent new cavities and to help stop cavities that have already started. Your child's teeth will appear yellow after the varnish is placed. This color will come off when your child brushes his/her teeth. (NOTE: Do not let child brush his/her teeth until tomorrow, but you can let them eat and drink after the varnish is applied.)

There is no restorative dental work done at this time, only dental exam, x-rays, cleaning and application of sealants and fluoride varnish. Consent for additional treatment may be requested in the future.

PLEASE FILL OUT COMPLETELY IN INK PEN (PRINT)

- ☐ Yes, I give consent for my child to receive dental exam with x-rays
- ☐ Yes, I give consent for my child to receive a teeth cleaning
- ☐ Yes, I give consent for my child to receive sealants and fluoride

Student's Name: _____

School: _____ Moencopi Day School

Grade and Teacher: _____

Date of Birth: _____



Signature of Parent/Guardian _____

Date _____

**MOBILE DENTAL
PROGRAM –
EXAM, SEALANT AND
FLUORIDE CONSENT**



Tuba City

Regional Health Care Corporation

167 North Main Street • P.O. Box 600

Tuba City, Arizona 86045 • (928) 283-2501

PATIENT INFORMATION



Tuba City Regional Health Care Corporation
Health Promotion Diabetes Prevention



Dear Parent/Guardian,

Your child's school participates in the Tuba City Coordinated Approach to School Health program to enhance school health programs and subsequently the health and wellbeing of the students. Students in grades Kindergarten to 2nd grade will have their height and weight measure for body composition. Student in grades 3rd grade to 12th grade will be assessed in fitness and body composition utilizing FITNESSGRAM® for the school year 2025-2026 in the months of October and April.

FITNESSGRAM® is a research-based criterion referenced test developed by The Cooper Institute for Aerobic Research, Dallas, TX. Many health professionals consider the FITNESSGRAM® a quality assessment for three reasons:

1. FITNESSGRAM® established a baseline of a healthy fitness zone from which students can set goals and check their progress to help them plan for lifelong physical activity and to maintain and improve their fitness level. Health-related fitness assessment measures aerobic capacity, muscular strength/endurance, flexibility, and body composition.
2. FITNESSGRAM® provides recommended activity program options that will help students reach healthy fitness zones in those areas where they need to improve.
3. FITNESSGRAM® is non-competitive. It does not compare students to other students.

FITNESSGRAM® tests all students regardless of age, gender, or ability. Students are encouraged to be self-aware of health-related fitness and take responsibility by setting personal fitness goals. When students focus on the process of doing their personal best, a more positive lifelong impact is achieved.

On your child's test day, he/she should wear athletic shorts, a t-shirt, socks, and tennis shoes underneath an appropriate warm-up suit (jacket and pants) or underneath standardized dress. Testing in warm-ups is permitted. If your child forgets proper testing attire, he/she will proceed with the fitness test in standardized dress. If you do not want your child to participate in the fitness assessments, please give notification to your child's teacher. There is no penalty for non-participation.

If you would like a copy of your child's results, please contact your School's Health Team Leader. If you choose to receive your child's health-related fitness information, your child's school believes you can lead your child towards a healthy lifestyle. A healthy student is better prepared to learn and perform in all aspects of life.

For further information concerning the FITNESSGRAM® Assessment, please refer to <http://www.fitnessgram.net/>.

Sincerely,
TCRHCC – Health Promotion Program
School Health Team Leaders



**Tuba City Regional Health Care Corporation
Health Promotion Diabetes Prevention**



FORM FOR PARENTAL CONSENT

Participation in Biannual FitnessGram Assessment

PLEASE FILL OUT COMPLETELY IN INK PEN (PRINT)

Student's Name: _____

Student's Birthdate: _____

School: _____ Moencopi Day School

Teacher: _____

Grade: _____

- ☐ Yes, my child will participate in the Biannual FitnessGram Assessment for SY 25-26.
- ☐ No, my child will not participate in the Biannual FitnessGram Assessment for SY 25-26.



Signature of Parent/Guardian

Date

PRINTED NAME of Parent/Guardian

***ALL STUDENTS WILL HAVE HEIGHT AND WEIGHT TAKEN AT ASSESSMENT.**



Tuba City Regional Health Care Corporation
Health Promotion Diabetes Prevention



COMPONENTS

FITNESSGRAM
The Computer Institute

Health-Related Fitness Components



Aerobic Capacity

The ability to perform large-muscle, whole body exercise at a moderate to high intensity for extended periods of time.

Flexibility

The range of motion available in a joint.



Muscular Strength

The ability of muscles to exert maximal force in a single contraction.

Muscular Endurance

The ability of muscles to exert themselves repeatedly.



Body Composition

The relative percentage of muscles, fat, bone and other tissues that comprise the body.

