

Immunization Documents



New York State Center for School Health
Supporting Student Success Through Health and Education



NYS and NYC Screening & Health Exam Requirements														
	New Entrant	Pre K or K*	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
HEARING SCREENING:														
Pure Tone	X	X	X		X		X		X				X	
SCOLIOSIS SCREENING														
Boys											X			
Girls							X		X					
VISION SCREENING														
Color Perception	X													
	X													
Fusion		X	X											
Near Vision	X	X	X		X		X		X				X	
	X	X	X		X		X							
Distance Acuity	X	X	X		X		X		X				X	
	X	X	X		X		X							
Hyperopia	X													

*Determine if your Kindergarten or Pre K students are your district's new entrants.

Health Examination Overview														
	New Entrant	Pre K or K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Health Examination**	X	X	X		X		X		X		X		X	
	X													
Dental Certificate	X	X	X		X		X		X		X		X	

**Health Examinations may be either a Health Appraisal (health exam performed by the School Medical Director) or Health Certificate (health exam performed by the student's primary medical provider). They must be dated no more than 12 months prior to the start of the school year in which they are required, or the date of entrance to the school for new entrants.

2019-20 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades pre-k through 11, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grade 12 except for interval between measles vaccine doses. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements **MUST** be read with the footnotes of this schedule.

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ¹	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older		3 doses
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap) ²		Not applicable		1 dose
Polio vaccine (IPV/OPV) ³	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older	4 doses or 3 doses if the 3rd dose was received at 4 years or older	3 doses
Measles, Mumps and Rubella vaccine (MMR) ⁴	1 dose		2 doses	
Hepatitis B vaccine ⁵	3 doses	3 doses		3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years
Varicella (Chickenpox) vaccine ⁶	1 dose		2 doses	1 dose
Meningococcal conjugate vaccine (MenACWY) ⁷		Not applicable	Grades 7, 8, 9 and 10: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁸	1 to 4 doses			Not applicable
Pneumococcal Conjugate vaccine (PCV) ⁹	1 to 4 doses			Not applicable



Año escolar 2019-20

Requisitos de vacunación del estado de Nueva York para poder inscribirse y asistir a la escuela¹

NOTAS:

Los niños que se encuentran en prekindergarten deben contar con las vacunas apropiadas para su edad. La cantidad de dosis depende del calendario recomendado por el Advisory Committee for Immunization Practices (Comité Asesor de Prácticas de Vacunación, ACIP). Para los alumnos desde prekindergarten hasta el 11.º grado, los intervalos entre las dosis de vacunas deben corresponderse con el calendario de vacunación recomendado por el ACIP para personas de 0 a 18 años de edad. Las dosis recibidas antes de la edad mínima o antes de cumplidos los intervalos mínimos no son válidas y no cuentan para la cantidad de dosis que se enumeran a continuación. NO es necesario que se revisen los intervalos entre dosis de vacunas para alumnos del 12.º grado, excepto para el intervalo entre dosis de la vacuna contra el sarampión. Consulte las notas al pie de página para obtener información específica sobre cada vacuna. Los niños que se inscriben en clases sin un grado definido deben cumplir con los requisitos de vacunación de los grados en los que podrían estar según su edad.

Los requisitos de dosis **DEBEN** leerse con las notas al pie de página de este calendario.

Vacunas	Prekindergarten (guardería, Head Start, jardín de infantes o Pre-k)	Kindergarten y 1.º, 2.º, 3.º, 4.º y 5.º grados	6.º, 7.º, 8.º, 9.º, 10.º y 11.º grados	12.º grado
Vacuna que contiene los toxoides diftérico y tetánico y vacuna contra la tos ferina (DTaP/DTP/Tdap/Td) ²	4 dosis	5 dosis o 4 dosis si la 4.ª dosis se administró a los 4 años de edad o más o 3 dosis si tiene 7 años de edad y si le sano emparejo cuando tenía 1 año de edad o más		3 dosis
Vacuna que contiene los toxoides tetánico y diftérico y refuerzo de la vacuna contra la tos ferina (Tdap) ²		No corresponde		1 dosis
Vacuna antipoliomielítica (IPV/OPV) ⁴	3 dosis	4 dosis o 3 dosis si la 3.ª dosis se administró a los 4 años de edad o más	4 dosis o 3 dosis si la 3.ª dosis se administró a los 4 años de edad o más	3 dosis
Vacuna contra el sarampión, paperas y rubéola (MMR) ⁵	1 dosis			2 dosis
Vacuna contra la hepatitis B ⁶	3 dosis	3 dosis		3 dosis o 2 dosis de la vacuna contra la hepatitis B para adultos (Recombivax) para niños que recibieron las dosis en intervalos de por lo menos 4 semanas entre los 11 y los 15 años
Vacuna contra la varicela ⁷	1 dosis		2 dosis	1 dosis
Vacuna antimeningocócica conjugada (MenACWY) ⁸		No corresponde		2 dosis o 1 dosis si la dosis se administró a los 15 años de edad o más
Vacuna conjugada contra el Haemophilus influenzae tipo b (Hib) ⁹	1 a 4 dosis		No corresponde	
Vacuna conjugada contra el neumococo (PCV) ¹⁰	1 a 4 dosis		No corresponde	



Cheryl Lawrence, MD, FAAP
Medical Director

Office of School Health
42-09 28th St.
Queens, NY 11101-4132

May 2019

Dear parent/guardian,

New York City has updated the school immunization requirements for the 2019-2020 school year. A list of the new school immunization requirements for 2019-2020 is included with this letter. Before the school year begins, you must submit proof of immunization for your children if they are attending child care or school.

All students in child care through grade 12 must meet the requirements for:

- The DTaP (diphtheria- tetanus-pertussis), poliovirus, MMR (measles-mumps-rubella), varicella and hepatitis B vaccines.

Children under age 5 who are enrolled in child care and pre-kindergarten (pre-K) must also meet the requirements for:

- The Hib (*Haemophilus influenzae* type b) and PCV (pneumococcal conjugate) vaccines.
- The influenza (flu) vaccine
 - Children must receive the flu vaccine by December 31, 2019 (ideally, when it becomes available in early fall).

Children in grades 6 through 12 must also meet the requirements for:

- The Tdap booster and MenACWY (meningococcal conjugate) vaccines.

Please review your child's immunization history with your child's health care provider. Their provider can tell you whether additional doses of one or more vaccines are required for your child to attend child care or school this year.

If you have questions about these requirements, please contact your child care center or school's administrative office.

Sincerely,

Cheryl Lawrence, MD, FAAP
Medical Director
Office of School Health



Cheryl Lawrence, MD, FAAP
Medical Director

Office of School Health
42-09 28th St.
Queens, NY 11101-4132

Julio de 2019

Estimado padre/madre o tutor legal:

La Ciudad de Nueva York ha actualizado los requisitos de vacunación escolar para el año 2019-2020. Esta carta incluye una lista de los nuevos requisitos de vacunación escolar para el año 2019-2020. Si sus hijos asistirán a la guardería o a la escuela, debe presentar sus comprobantes de vacunación antes del inicio del año escolar.

Todos los estudiantes desde guardería hasta 12.º grado deben cumplir estos requisitos:

- Vacuna contra la difteria, el tétanos y la tos ferina (DTaP, por sus siglas en inglés), vacuna contra el virus de la poliomielitis, vacuna contra el sarampión, las paperas y la rubéola (MMR, por sus siglas en inglés), vacuna contra la varicela y vacuna contra la hepatitis B.

Los niños menores de 5 años que estén inscritos en guardería y prekindergarten (pre-K) también deben cumplir estos requisitos:

- Vacuna contra la *Haemophilus influenzae* tipo b (Hib) y la vacuna antineumocócica conjugada (PCV, por sus siglas en inglés).
- Vacuna contra la influenza (gripe).
 - Los niños deben recibir la vacuna contra la gripe antes del 31 de diciembre de 2019 (idealmente, cuando esté disponible a principios del otoño).

Los niños en los grados de 6.º a 12.º también deben cumplir estos requisitos:

- Refuerzo de la vacuna contra el tétanos, la difteria y la tos ferina (Tdap, por sus siglas en inglés) y la vacuna antimeningocócica conjugada (MenACWY, por sus siglas en inglés).

Revise el historial de vacunación de su hijo con el proveedor de atención de salud de su hijo. Su proveedor puede informarle si es necesario que su hijo reciba dosis adicionales de una o más vacunas para poder asistir a la guardería o a la escuela este año.

Si tiene preguntas sobre estos requisitos, póngase en contacto con la oficina administrativa de la guardería o de la escuela.

Atentamente.

Cheryl Lawrence, MD, FAAP
Directora médica
Oficina de Salud Escolar



June 14, 2019

Statement on Legislation Removing Non-Medical Exemption
from School Vaccination Requirements

On June 13, 2019, Governor Andrew M. Cuomo signed legislation removing non-medical exemptions from school vaccination requirements for children. The United States is currently experiencing the worst outbreak of measles in more than 25 years, with outbreaks in pockets of New York primarily driving the crisis. As a result of non-medical vaccination exemptions, many communities across New York have unacceptably low rates of vaccination, and those unvaccinated children can often attend school where they may spread the disease to other unvaccinated students, some of whom cannot receive vaccines due to medical conditions. This new law will help protect the public amid this ongoing outbreak.

What did the new law do?

As of June 13, 2019, there is no longer a religious exemption to the requirement that children be vaccinated against measles and other diseases to attend either:

- public, private or parochial school (for students in pre-kindergarten through 12th grade), or
- child day care settings.

For those children who had a religious exemption to vaccination, what are the deadlines for being vaccinated?

Children who are attending child day care or public, private or parochial school, and who had a religious exemption to required immunizations, must now receive the first age appropriate dose in each immunization series by June 28, 2019 to attend or remain in school or child day care. Also, by July 14, 2019 parents and guardians of such children must show that they have made appointments for all required follow-up doses. The deadlines for follow-up doses depend on the vaccine. The New York State Department of Health follows the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices catch-up immunization schedule and expects children to receive required doses consistent with Table 2 at the following link in order to continue to attend school or child day care: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

What is the deadline for first dose vaccinations if my child is not attending school until September?

Parents and guardians of all children who do not have their required immunizations are encouraged to have them receive the first dose as soon as possible. The deadline for obtaining first dose vaccinations for children attending school in the fall is 14 days from the first day of school. Within 30 days of the first day of school, parents and guardians of such children must show that they have made appointments for all required follow-up doses.

Additional information will be forthcoming.

10. What is a valid medical exemption?

A valid medical exemption must:

1. Be on a sample medical exemption form issued by the Department <https://www.health.ny.gov/forms/doh-5077.pdf> or the NYC Department of Health and Mental Hygiene, or on a signed statement that certifies that the immunization may be detrimental to a child's health;
2. Be signed by a physician licensed to practice medicine in New York State;
3. Contain sufficient information to identify the medical contraindication to a specific immunization. The Department recommends that health care practitioners consult the ACIP guidelines for contraindications and precautions to childhood vaccinations, available at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>. (Please note that the guidelines contain all ACIP recommended vaccines, including some that are not currently required for schools and child day care programs in New York State); and
4. Be confirmed annually.

11. My child is not being allowed to attend school and/or child day care program based on vaccination status. How do I appeal this decision?

Education Law §310(6-a) allows an appeal to the Commissioner of the State Education Department from persons considering themselves aggrieved by an action taken by "a principal, teacher, owner or other person in charge of any school in denying a child admission to, or continued attendance at, such school for lack of proof of required immunizations in accordance with" Public Health Law §2164. Such appeal may include a request for a "stay" of the school's action while the appeal is pending before the Commissioner. Information regarding the appeal process is available at: <http://www.counsel.nysed.gov/appeals/>.

There is no appeal process for child day care programs. Programs must be in compliance with all applicable laws.

12. What are the penalties for a school and child day care program if it does not comply?

All public, private and parochial schools are required to comply with the law. The Department will determine the cause of a school's violation or noncompliance and, where appropriate, seek civil penalties from noncompliant schools. NYS OCFS regulates child day care programs and may sanction programs that do not comply with the law.

13. How does New York State verify vaccination rates at schools and child day care programs?

The NYSDOH annually conducts surveys of school and child day care immunization coverage and exemption rates. Schools and child day care settings are required to participate in the surveys. Additionally, the NYSDOH audits a sample of schools each year for compliance with PHL Section 2164 and to verify the rates reported in their survey. If any students out of compliance with PHL Section 2164 are discovered during the audit, then the NYSDOH will require the students be excluded from school until they comply with the law. The Department will determine the cause of a school's noncompliance and, where appropriate, seek civil penalties from noncompliant schools. In some counties, the Department has delegated the county health department with authority to assist in conducting audits of schools to verify compliance.

NYS OCFS reviews vaccination records for compliance.



**Department
of Health**

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

**Pneumococcal Vaccine Requirements for New York State
Prekindergarten and Daycare Entrance/Attendance
by Age and Vaccination History:
Children Aged 2 Through 5 Years**

Current Age	Vaccination History	Additional Doses Required*	Total Number of Doses Required
24-59 months	0 doses (child never had any doses before age 24 months)	1	1
	1 dose administered on or after age 24 months	0	1
	1 dose administered before age 24 months	1	2
	2 doses, both administered on or after age 12 months	0	2
	2 doses, at least 1 administered before age 12 months	1	3
	3 doses, at least 1 administered on or after age 12 months	0	3
	3 doses, all administered before age 12 months	1	4
	4 doses	0	4
≥ 5 years	Not required for pre-K and daycare entrance or attendance for healthy children ≥ 5 years of age		

2019–20: FULL COMPLIANCE

New York State Immunization Requirements for Child Care and School Entrance/Attendance¹

Notes: For grades Pre-Kindergarten through 11, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for people age 0 through 18 years. Intervals between doses of vaccine DO NOT need to be reviewed for grade 12. Doses received before the minimum age or intervals are not valid and do not count. You MUST reference the footnotes for dose requirements and specific information about each vaccine. Children enrolling in grade-less classes should meet immunization requirements for their age-equivalent grade.

VACCINES	PRE-KINDERGARTEN (Child Care, Head Start, Nursery, 3K or Pre-Kindergarten)	KINDERGARTEN through Grade 5	GRADES 6 through 11	GRADE 12
Diphtheria and tetanus toxoid-containing vaccine and pertussis vaccine (DTaP/DT/DTaP) ²	4 doses	5 doses or 4 doses if the fourth dose was received at age 4 years or older or 3 doses if the child is age 7 years or older and the series was started at age 1 year or older		3 doses
Tetanus and diphtheria toxoid-containing vaccine and pertussis vaccine booster (Tdap) ²		Not Applicable		1 dose
Polio vaccine (IPV/OPV) ^{1,4}	3 doses	4 doses or 3 doses if the third dose was received at age 4 years or older	4 doses or 3 doses if the third dose was received at age 4 years or older	3 doses
Measles, mumps and rubella vaccine (MMR) ^{1,6}	1 dose		2 doses	
Hepatitis B vaccine ^{1,8}	3 doses	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax HB) for children who received the doses at least 4 months apart between the ages of 11 through 15 years	
Varicella (chickenpox) vaccine ^{1,7}	1 dose	2 doses		1 dose
Meningococcal conjugate vaccine (MenACWY) ⁹	Not Applicable		Grades 7, 8, 9 and 10: 1 dose	2 doses or 1 dose if the first dose was received at age 18 years or older
<i>Haemophilus influenzae</i> type b conjugate vaccine (Hib) ³	1 to 4 doses		Not Applicable	
Pneumococcal conjugate vaccine (PCV) ¹⁰	1 to 4 doses		Not Applicable	
Influenza ¹¹	1 dose		Not Applicable	

For more information contact:

New York State Department of Health, Bureau of Immunization; 518-475-4437

New York City Department of Health and Mental Hygiene, Bureau of Immunization; 347-396-2433; Office of School Health Citywide (all districts); 347-395-4720

- Documented serologic evidence of immunity to measles, mumps, rubella, hepatitis B, varicella or polio (or all three serotypes) meets the immunization requirements for these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
- Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine (Minimum age: 6 weeks)
 - Children starting the series on time should receive a five-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and age 4 years or older. The fourth dose may be administered as early as age 12 months, provided at least six months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least four months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday.
 - If the fourth dose of DTaP was administered at age 4 years or older, the fifth (boosted) dose of DTaP vaccine is not necessary.
 - A sixth dose of DTaP, at least six months after the prior dose, may be required if the fifth dose was received prior to the fourth birthday.
 - For children born before January 1, 2005, only immunity to diphtheria is required, and doses of DT and Td can meet this requirement.
 - Children ages 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Tdap vaccine. If the first dose was received before their first birthday, then four doses are required. If the first dose was received on or after the first birthday, then three doses are required.
- Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine (Minimum age: 7 years)
 - Students ages 11 years or older entering grades six through 12 are required to have one dose of Tdap.
 - Students without Tdap who are age 10 years in sixth grade are in compliance until they turn age 11 years.
 - A dose of Tdap or DTaP administered on or after age 7 years meets this requirement.
- Inactivated poliovirus vaccine (IPV) or oral polio vaccine (OPV) (Minimum age: 6 weeks)
 - Children starting the series on time should receive IPV at ages 2, 4, 6 through 18 months and age 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least six months after the previous dose.
 - For students who received their fourth dose before age 4 years and prior to August 7, 2010, four doses separated by at least four weeks is sufficient.
 - If the third dose of polio vaccine was received at age 4 years or older and at least six months after the previous dose, a fourth dose of IPV is not necessary.
 - A fifth dose of IPV, at least six months after the prior dose, may be required if the fourth dose was received prior to the fourth birthday.
 - If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the IPV schedule.
 - Only OPV administered before April 1, 2016 counts towards the completion of the polio series.
- Measles, mumps and rubella (MMR) vaccine (Minimum age: 12 months)
 - The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (four weeks) after the first dose to be considered valid.
 - Students in kindergarten through grade 12 must have received two doses of measles-containing vaccine, two doses of mumps-containing vaccine (except one dose of mumps-containing vaccine for grade 12), and at least one dose of rubella-containing vaccine.
- Hepatitis B vaccine (Minimum age: birth)
 - The first dose may be given at birth or anytime thereafter. The second dose must be received at least four weeks (28 days) after the first dose. The third dose must be given at least eight weeks after the second dose AND at least 16 weeks after dose one AND no earlier than 24 weeks of age.
 - Two doses of adult hepatitis B vaccine (RecombivaxB) received at least four months apart at age 11 through 15 years will meet the requirement.
 - Administration of a total of four doses of hepatitis B vaccine is permitted when a combination vaccine containing Hep B is administered after the first dose. This fourth dose is often needed to ensure that the last dose in the series is given on or after age 24 weeks.
- Varicella (chickenpox) vaccine (Minimum age: 12 months)
 - The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (four weeks) after the first dose to be considered valid.
 - For children younger than age 13 years, the recommended minimum interval between doses is three months (though if the second dose was administered at least four weeks after the first dose, it can be accepted as valid); for people age 13 years and older, the minimum interval between doses is four weeks.
- Meningococcal conjugate vaccine (MenACWY) (Minimum age: 6 weeks)
 - Students entering grades seven, eight, nine, and ten are required to have received a single dose of meningococcal conjugate vaccine against serogroups A, C, W, 13B and Y (MenACWY vaccine).
 - Students entering grade 12 will need to have received two doses of MenACWY vaccine, or only one dose of MenACWY vaccine if the first dose was administered at age 16 years or older.
 - If the second dose was administered before age 16 years, then a third dose given on or after age 16 years is required.
 - The minimum interval between doses of MenACWY vaccine is eight weeks.
- Haemophilus influenzae* type b conjugate vaccine (Hib) (Minimum age: 6 weeks)
 - Children starting the series on time should receive Hib vaccine at ages 2 months, 4 months, 6 months and 12 through 15 months.
 - If two doses of vaccine were received before age 12 months, only three doses are required, with the third dose at age 12 through 15 months and at least eight weeks after the second dose.
 - If the first dose was received at ages 12 through 14 months, only two doses are required, with the second dose at least eight weeks after the first dose.
 - If the first dose was received at age 15 months or older, only one dose is required.
 - Hib vaccine is not required for children ages 5 years or older.
- Pneumococcal conjugate vaccine (PCV) (Minimum age: 6 weeks)
 - Children starting the series on time should receive PCV vaccine at ages 2 months, 4 months, 6 months and 12 through 15 months.
 - Unvaccinated children ages 7 through 11 months are required to receive two doses, at least four weeks apart, followed by a third dose at age 12 through 15 months.
 - Unvaccinated children ages 12 through 20 months are required to receive two doses of vaccine at least eight weeks apart.
 - If one dose of vaccine was received at age 24 months or older, no further doses are required.
 - For more information, refer to the PCV chart available in the School Survey Instruction Booklet at www.health.ny.gov/prevention/immunization/school/.
- Influenza Vaccine (Minimum age: 6 months)
 - All children 6 months through 59 months of age enrolled in New York City Article 47 & 49 regulated pre-kindergarten programs (Child Care, Head Start, Nursery, or Pre-K) must receive one dose of influenza vaccine between July 1st and December 31st of each year.
 - Depending on their prior influenza vaccination history, some children may need two doses of influenza vaccine; however, a second dose is not required for school entry. Please refer to the Centers for Disease Control and Prevention (cdc.gov) or New York City Department of Health (www1.nyc.gov/site/health/health-topics/flu-seasonal.page) website.

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special Education (CPSE).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental	<input type="checkbox"/> Anaphylaxis Care Plan Attached
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Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asthma Care Plan Attached
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Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type: _____	<input type="checkbox"/> Seizure Care Plan Attached Date of last seizure: _____
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Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
Risk Factors for Diabetes or Pre-Diabetes: <i>Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.</i>		

BMI _____ kg/m2 Percentile (Weight Status Category): <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes Hypertension: No Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height: _____ Weight: _____ BP: _____ Pulse: _____ Respirations: _____

TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testide
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K			Date	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated > 10 µg/dL				<input type="checkbox"/> Other: _____

System Review and Exam Entirely Normal

Check Any Assessment Boxes *Outside* Normal Limits And Note Below Under Abnormalities

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____
<input type="checkbox"/> Additional Information Attached		