

Immunization Documents



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



NYS
Required



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Required



NYS
Optional



NYC
Optional

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.

This sample resource was created by the New York State Center for School Health and is located at www.schoolhealthny.com
in the Laws|Guidelines|Memos - Effective July 2018

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) ²	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) ³		Not applicable	1 dose	
Polio vaccine (IPV/OPV) ⁴	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) ⁵	1 dose	2 doses		
Hepatitis B vaccine ⁶	3 doses	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombvax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years	
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses		1 dose
Meningococcal conjugate vaccine (MenACWY) ⁸		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) ⁹	1 to 4 doses	Not applicable		
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses	Not applicable		

1. Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to 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.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday.
 - b. If the fourth dose of DTaP was administered at 4 years or older, the fifth (booster) dose of DTaP vaccine is not required.
 - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
 - d. Children 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 Td vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the first dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the first dose was received at 4 years or older. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years or older will meet the 6th grade Tdap requirement.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years or older will meet this requirement.
 - b. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
 - d. Intervals between the doses of polio vaccine do not need to be reviewed for grade 12 in the 2019-20 school year.
 - e. 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 U.S. IPV schedule. If only OPV was administered, and all doses were given before age 4 years, 1 dose of IPV should be given at 4 years or older and at least 6 months after the last OPV dose.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. 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 (4 weeks) after the first dose to be considered valid.
 - b. Measles: One dose is required for prekindergarten and grade 12. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for prekindergarten and grade 12. Two doses are required for grades kindergarten through 11.
- d. Rubella: At least one dose is required for all grades (prekindergarten through 12).
6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks.
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. 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 (4 weeks) after the first dose to be considered valid.
 - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine. (Minimum age: 6 weeks)
 - a. One dose of meningococcal conjugate vaccine (Menactra or Menveo) is required for students entering grades 7, 8, 9 and 10.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
 - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
 - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years or older.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. Unvaccinated children ages 7 through 11 months of age are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
 - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
 - e. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information, contact:

New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433

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 la serie empezó 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) ³		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	7.º, 8.º, 9.º y 10.º grados: 1 dosis	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		

1. Una constancia serológica comprobada de anticuerpos contra el sarampión, paperas, rubéola, hepatitis B, varicela o poliomielitis (para todos los serotipos) constituye una prueba aceptable de la inmunidad a estas enfermedades. El diagnóstico de un médico, asistente médico o informador de práctica avanzada de que un niño tuvo varicela es una prueba aceptable de la inmunidad a dicha enfermedad.
2. Vacuna de toxoides diftericos y tetánicos y los ferina acelular (DTaP). (Edad mínima: 6 semanas)
 - a. Los niños que comienzan la serie a tiempo deben recibir una secuencia de 5 dosis de la vacuna DTaP a los 2 meses, 4 meses, 6 meses y 15 a 18 meses de edad, además de a los 4 años de edad o más. La cuarta dosis puede administrarse a partir de los 12 meses de edad, siempre que hayan transcurrido por lo menos 6 meses desde la tercera dosis. Sin embargo, no es necesario que se repita la cuarta dosis de DTaP si se administró al menos 4 meses después de la tercera dosis de DTaP. La dosis final de la serie debe administrarse en el cuarto cumpleaños o después.
 - b. Si la cuarta dosis de DTaP se administró a los 4 años de edad o más, la quinta dosis (refuerzo) de vacuna DTaP no es necesaria.
 - c. Para los niños nacidos antes del 1/1/2005, solo se requiere inmunidad a la difteria y las dosis de DT y Td cumplen con este requisito.
 - d. Los niños mayores de 7 años de edad que no estén completamente vacunados con la serie de vacunas DTaP infantiles deben recibir la vacuna Tdap como la primera dosis en la serie de vacunas para ponerse al día; si se necesitan más dosis, se debe administrar la vacuna Td. Si recibieron su primera dosis en o después de su primer cumpleaños, entonces requerirán tres dosis, siempre y cuando la dosis final se haya recibido a los cuatro años de edad o más. Una vacuna Tdap (o una vacuna DTaP administrada de forma incorrecta) recibida a los 7 años de edad o más servirá para cumplir con el requisito de Tdap para el 6º grado.
3. Vacuna de toxoides tetánicos y diftericos y contra la tos ferina acelular (Tdap). (Edad mínima: 7 años)
 - a. Los alumnos de 11 años de edad o más que ingresan desde el 6º al 12º grado deben recibir una dosis de Tdap. Se cumplirá este requisito al recibir una dosis a los 7 años de edad o más.
 - b. Los alumnos de 10 años de edad que ingresan al 6º grado y que no han recibido la vacuna de Tdap satisfacen los requisitos hasta que cumplen 11 años de edad.
4. Vacuna antipoliomielítica inactivada (VAPI) o vacuna antipoliomielítica oral (OPV). (Edad mínima: 6 semanas)
 - a. Los niños que comienzan la serie a tiempo deben recibir una secuencia de IPV a los 2 meses, 4 meses y entre los 6 a 18 meses de edad y a los 4 años de edad o más. La dosis final de la serie debe administrarse en el cuarto cumpleaños o después y al menos 6 meses después de la dosis anterior.
 - b. Para los alumnos que recibieron la cuarta dosis antes de su cuarto cumpleaños y antes del 7 de agosto de 2010, es suficiente administrar 4 dosis con al menos 4 semanas de separación.
 - c. Si la tercera dosis de la vacuna antipoliomielítica se administró a los 4 años de edad o más y por lo menos 6 meses después de la dosis anterior, no se requerirá la cuarta dosis.
 - d. No es necesario que se revisen los intervalos entre dosis de vacunas para alumnos del 12º grado para el año escolar 2019-20.
 - e. Si tanto la OPV como la VAPI se administraron como parte de una serie, el número total de dosis e intervalos entre dosis es el mismo que el recomendado para el programa de VAPI de EE. UU. Si solo se administró la OPV, y todas las dosis se administraron antes de los 4 años de edad, se debe administrar 1 dosis de VAPI a los 4 años de edad o más y la última dosis de la OPV debe administrarse por lo menos 6 meses después.
5. Vacuna contra el sarampión, paperas y rubéola (MMR). (Edad mínima: 12 meses)
 - a. La primera dosis de la vacuna MMR debe haberse administrado en el primer cumpleaños o después. Para considerarse válida, la segunda dosis debe haberse administrado al menos 28 días (4 semanas) después de la primera dosis.
 - b. Sarampión: es necesaria una dosis para prekindergarten. Son necesarias dos dosis para los grados kindergarten hasta el 12º grado.
 - c. Paperas: es necesaria una dosis para prekindergarten y para el 12º grado. Son necesarias dos dosis para los grados kindergarten hasta el 11º grado.
 - d. Rubéola: es necesaria por lo menos una dosis para todos los grados (prekindergarten hasta el 12º grado).
6. Vacuna contra la hepatitis B
 - a. La dosis 1 debe administrarse en el nacimiento o en cualquier momento posterior. La dosis 2 debe administrarse al menos 4 semanas (28 días) después de la dosis 1. La dosis 3 debe administrarse al menos 8 semanas después de la dosis 2 y al menos 16 semanas después de la dosis 1, PERO no antes de las 24 semanas de edad.
 - b. Se cumplirá el requisito con dos dosis de la vacuna contra la hepatitis B para adultos (Recombivax) administradas con al menos 4 semanas de separación a la edad de 11 a 15 años.
7. Vacuna contra la varicela. (Edad mínima: 12 meses)
 - a. La primera dosis de la vacuna contra la varicela debe haberse administrado en el primer cumpleaños o después. Para considerarse válida, la segunda dosis debe haberse administrado al menos 28 días (4 semanas) después de la primera dosis.
 - b. Para los niños menores de 13 años, el intervalo mínimo recomendado entre dosis es de 3 meses (si la segunda dosis se administró por lo menos 4 semanas después de la primera dosis, se puede aceptar como válida); para los niños de 13 años de edad o más, el intervalo mínimo es de 4 semanas.
8. Vacuna antimeningocócica conjugada ACWY. (Edad mínima: 6 semanas)
 - a. Es necesaria una dosis de vacuna antimeningocócica conjugada (Menactra o Menveo) para los alumnos que ingresan al 7º, 8º, 9º y 10º grados.
 - b. Para los estudiantes del 12º grado, si la primera dosis de la vacuna antimeningocócica conjugada se administró a los 16 años de edad o más, no se requiere la segunda dosis (refuerzo).
 - c. La segunda dosis debe haberse administrado al menos a los 16 años de edad o más. El intervalo mínimo entre dosis es de 8 semanas.
9. Vacuna conjugada contra el Haemophilus influenzae tipo b (Hib). (Edad mínima: 6 semanas)
 - a. Los niños que comienzan la serie a tiempo deben recibir la vacuna Hib a los 2 meses, 4 meses, 6 meses y 12 a 15 meses de edad. Los niños mayores de 15 meses deben ponerse al día de acuerdo al programa de recuperación del ACIP. La dosis final debe recibirse a los 12 meses de edad o después.
 - b. Si se recibieron 2 dosis de la vacuna antes de los 12 meses de edad, solo se requieren 3 dosis si la dosis 3 se administró entre los 12 y 15 meses de edad y al menos 8 semanas después de la dosis 2.
 - c. Si la dosis 1 se recibió entre los 12 y 14 meses de edad, solo se requieren 2 dosis si la dosis 2 se administró al menos 8 semanas después de la dosis 1.
 - d. Si la dosis 1 se recibió a los 15 meses de edad o más, solo se requiere 1 dosis.
 - e. No se requiere la vacuna Hib para niños de 5 años de edad o más.
10. Vacuna conjugada contra el neumococo (PCV). (Edad mínima: 6 semanas)
 - a. Los niños que comienzan la serie a tiempo deben recibir la vacuna PCV a los 2 meses, 4 meses, 6 meses y 12 a 15 meses de edad. Los niños mayores de 15 meses deben ponerse al día de acuerdo al programa de recuperación del ACIP. La dosis final debe recibirse a los 12 meses de edad o después.
 - b. Los niños de 7 a 11 meses de edad que no han sido vacunados tienen la obligación de recibir 2 dosis, con al menos 4 semanas de separación, seguidas de una tercera dosis a los 12 a 15 meses de edad.
 - c. Los niños de 12 a 23 meses de edad que no han sido vacunados tienen la obligación de recibir 2 dosis de la vacuna con al menos 8 semanas de separación.
 - d. Si se recibió una dosis de la vacuna a los 24 meses de edad o más, no se requirieron dosis adicionales.
 - e. Para obtener más información, consulte la tabla de PCV disponible en el Folleto de Instrucciones de Encuestas Escolares en: www.health.ny.gov/prevention/immunization/schools

Para obtener más información, póngase en contacto con:

Departamento de Salud del Estado de Nueva York
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433

New York State Department of Health/Bureau of Immunization
health.ny.gov/immunization



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 influenza* 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

Is Your Child Ready for Child Care or School?

Learn about required vaccinations in New York City

2019-2020 School Year

All students ages 2 months to 18 years in New York City must get the following vaccinations to go to child care or school. Review your child's vaccine needs based on their grade level this school year.

VACCINATIONS	Pre-Kindergarten (Child Care, Head Start, Nursery, 3K or Pre-k)	Kindergarten – Grade 5	Grades 6 – 11	Grade 12
Diphtheria, tetanus and pertussis (DTaP)	4 doses	5 doses or 4 doses ONLY if the fourth dose was received at age 4 years or older or 3 doses ONLY if the child is 7 years or older and the series was started at age 1 year or older	3 doses	
Tetanus, diphtheria and pertussis booster (Tdap)			1 dose (on or after age 11 years)	
Polio (IPV/OPV)	3 doses	4 doses or 3 doses if the third dose was received at age 4 years or older	4 doses or 3 doses ONLY if the third dose was received at age 4 years or older	3 doses
Measles, mumps and rubella (MMR)	1 dose	2 doses		
Hepatitis B	3 doses	3 doses	3 doses or 2 doses of adult Hepatitis B vaccine [Recombivax HB] if the doses were received at least 4 months apart between the ages of 11 and 15 years	
Varicella (chickenpox)	1 dose	2 doses		1 dose
Meningococcal conjugate (MenACWY)			Grades 7, 8, 9 and 10: 1 dose	2 doses or 1 dose ONLY if the first dose was received at age 16 years or older
Haemophilus influenzae type B conjugate (Hib)	1 to 4 doses Depends on child's age and doses previously received			
Pneumococcal conjugate (PCV)	1 to 4 doses Depends on child's age and doses previously received			
Influenza	1 dose			

The number of vaccine doses your child needs may vary based on age and previous vaccine doses received. Your child may need additional vaccines or vaccine doses if they have certain health conditions. Talk to your doctor if you have questions. For more information, call 311 or visit nyc.gov/health and search for **student vaccines**.





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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

¿Su hijo está listo para ir a la guardería o a la escuela?

Año escolar 2019-2020

Obtenga información sobre las vacunas requeridas en la Ciudad de Nueva York

Todos los estudiantes de la Ciudad de Nueva York desde los 2 meses hasta los 18 años deben recibir las siguientes vacunas para ir a guardería o a la escuela. Revise las vacunas que su hijo necesita según el grado escolar al que asistirá este año.

VACUNAS	Prekinder (sala de cuidado infantil, Head Start, guardería, sala de 3 o prekinder)	Kinder (5.º grado)	6.º a 11.º grado	12.º grado
Difteria, tétanos y tos ferina (DTaP, por sus siglas en inglés)	4 dosis	5 dosis o 4 dosis SOLO si la cuarta dosis se administró a los 4 años o más, o 3 dosis SOLO si el niño tiene 7 años o más y si la serie se comenzó a la edad de 1 año o más	3 dosis	
Refuerzo contra tétanos, difteria y tos ferina (Tdap, por sus siglas en inglés)			1 dosis (a partir de los 11 años)	
Poliomielitis (IPV/OPV, por sus siglas en inglés)	3 dosis	4 dosis o 3 dosis si la tercera dosis se administró a los 4 años o más	4 dosis o 3 dosis SOLO si la tercera dosis se administró a los 4 años o más	3 dosis
Sarampión, paperas, rubéola (MMR, por sus siglas en inglés)	1 dosis	2 dosis		
Hepatitis B	3 dosis	3 dosis	3 dosis o 2 dosis de la vacuna contra la hepatitis B para adultos (Recombivax HB) si las dosis se administraron en intervalos de, por lo menos, 4 meses entre los 11 y 15 años	
Varicela	1 dosis	2 dosis		1 dosis
Antimeningocócica conjugada (MenACWY, por sus siglas en inglés)			7.º, 8.º, 9.º y 10.º grado: 1 dosis	2 dosis o 1 dosis SOLO si la primera dosis se administró a los 16 años o más
Haemophilus influenzae tipo b conjugada (Hib):	De 1 a 4 dosis Depende de la edad del niño y de las dosis que recibió previamente			
Antineumocócica conjugada (PCV, por sus siglas en inglés)	De 1 a 4 dosis Depende de la edad del niño y de las dosis que recibió previamente			
Influenza	1 dosis			

La cantidad de dosis de vacunas que su hijo necesita puede variar en función de la edad y de las vacunas que le administraron previamente. Es probable que su hijo necesite vacunas o dosis adicionales si tiene ciertas condiciones médicas. Si tiene preguntas, hable con su médico. Para obtener más información, llame al 311 o visite nyc.gov/health y busque "student vaccines" (vacunas para estudiantes).



Department of Health
& Mental Hygiene

Department of
Education

Spanish



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.

immunizations that are required to attend school in New York State, and expects children to receive required doses consistent with Table 2 of ACIP's Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger. (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.)

5. Where can I find the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) catch-up immunization schedule?

The ACIP catch-up immunization schedule is available at the following link:

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

(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 NYS.)

6. Are the vaccination requirements, as described in Question 5, required for my child to attend summer schools that are overseen by NYSED and summer child day care programs that are overseen by OCFS?

Yes. This requirement applies to summer school and summer child day care programs.

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

The Department encourages parents and guardians of all children who do not have their required immunizations to receive the first dose in each immunization series as soon as possible. The deadline for obtaining first dose vaccinations in each immunization series for children attending school in the fall is 14 days from the first day of school or enrollment in child day care. Within 30 days of the first day of school, parents and guardians of such children must show that they have scheduled appointments for all required follow-up doses.

8. Does this new legislation apply to my child attending college?

The new legislation did not change the vaccination requirements for college attendance. Students attending college in NYS can still obtain a religious exemption. The Department requires that every student attending college be vaccinated against measles, mumps and rubella (MMR), unless the student has a valid religious or medical exemption.

9. Does this new legislation affect my child's medical exemption?

No. The new legislation does not affect valid medical exemptions.

Committee on Immunization Practices (ACIP) catch-up immunization schedule for all

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.

14. Does the new law apply to students who receive special education services?

Yes, the new law applies to students who receive special education services. However, the new legislation does not affect valid medical exemptions, and the United States Department of Education ("USDE") has issued guidance to assist schools in ensuring that students with disabilities under the federal Individuals with Disabilities Education Act ("IDEA") who are medically unable to receive vaccines due to a disability are not discriminated against on the basis of disability. USDE's Office for Civil Rights' *Fact Sheet: Addressing the Risk of Measles in Schools while Protecting the Civil Rights of Students with Disabilities* is available at: <https://www2.ed.gov/about/offices/list/ocr/docs/ocr-factsheet-measles-201503.pdf>.

Questions may be directed to the State Education Department's Office of Special Education, Policy Unit, 518-473-2878, SPECED@nysed.gov or to the appropriate [Special Education Quality Assurance Regional Office](#), SEQA@nysed.gov.

15. My child receives educational services from a public, private or parochial school off school grounds. Do they need to be vaccinated?

If a student is enrolled in the school, regardless of where they receive educational services, they will need to comply with the vaccination requirements for schools.

Version: June 18, 2019 – Document will be reissued with additional questions in the future.



**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		



SEPTEMBER 2019

MEDICAL REQUIREMENTS FOR CHILD CARE AND NEW SCHOOL ENTRANTS

(PUBLIC, PRIVATE, PAROCHIAL SCHOOLS AND CHILD CARE CENTERS)

ALL STUDENTS ENTERING A NEW YORK CITY (NYC) SCHOOL OR CHILD CARE FOR THE FIRST TIME MUST HAVE A COMPLETE PHYSICAL EXAMINATION AND ALL REQUIRED IMMUNIZATIONS

The comprehensive medical examination must be documented on a Child Adolescent Health Examination Form (CH205) and include the following:

Weight	Body Mass Index	Medical History
Height	Vision Screening	Developmental Assessment
Blood Pressure	Hearing Screening	Nutritional Evaluation
	Dental Screening	

All students entering NYC public or private schools or child care (including Universal 3-K and Pre-Kindergarten classes) for the first time must submit a report of a physical examination performed within one year of school entry. Because children develop and grow so quickly at these early ages, if this initial examination is performed before the student is age 5 years, a second examination, performed between the child's fifth and sixth birthday, is also required. Fillable CH-205 forms that include the student's pre-populated vaccination histories are available in the NYC Citywide Immunization Registry (CIR). A savable version of the pre-populated CH-205 is also available in the CIR and is accessible for use and updates as needed.

Required Screening for Child Care Only	
Screening	Required Information
Anemia Screening	Hematocrit and Hemoglobin
Lead Screening, Assessment and Testing	<ul style="list-style-type: none">All children under age 6 years must be assessed annually for lead exposure.Blood lead tests are required for children at ages 1 and 2 years AND other children up to age 6 years if they are at risk of exposure OR if no lead test was previously documented.For more information, call the Lead Poisoning Prevention Program at 311, or visit https://www1.nyc.gov/assets/doh/downloads/pdf/lead/lead-guidelines-children.pdf

IMMUNIZATION REQUIREMENTS 2019–20

The following immunization requirements are mandated by law for all students between the ages of 2 months and 18 years. Children must be excluded from school if they do not meet these requirements. To be considered fully immunized, a child must have an immunization history that includes all of the following vaccines. The child's immunization record should be evaluated according to the grade they are attending this school year.

PROVISIONAL REQUIREMENTS

New students may enter school or child care provisionally with documentation of at least this initial series of immunizations. Once admitted provisionally, subsequent vaccines must be administered in accordance with the Advisory Committee on Immunization Practices (ACIP) "catch up" schedule for the child to be considered "in process" and remain in school (refer to <http://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>). Alternative schedules are not acceptable. Students must complete the entire series to comply with the law. Students who have not been immunized within the provisional period must be issued exclusion letters and excluded from school or child care until they comply with the requirements.

CHILD CARE/PRE-KINDERGARTEN	NO. OF DOSES	KINDERGARTEN THROUGH GRADE 12	NO. OF DOSES
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis).....	1	DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis).....	1
IPV (inactivated poliovirus) or OPV (oral poliovirus).....	1	Vaccine type as appropriate for age.	
MMR (measles-mumps-rubella).....	1	Tdap (grades six through 12).....	1
On or after the first birthday.		IPV or OPV.....	1
Hib (<i>Haemophilus influenzae</i> type b).....	1	MMR On or after the first birthday.....	1
Hepatitis B.....	1	Hepatitis B.....	1
Varicella.....	1	Varicella.....	1
On or after the first birthday.		On or after the first birthday.	
Pneumococcal conjugate (PCV).....	1	Meningococcal (MenACWY) (seventh, eighth, ninth, tenth and 12 th grades).....	1
Influenza.....	1		
Depending on their influenza vaccine history, some children may need two doses of influenza vaccine. A second dose is not required.			

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/DT/Tdap) 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) ³	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) ^{1,5}	1 dose		2 doses	
Hepatitis B vaccine ^{1,6}	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) ⁸	Not Applicable		Grades 7, 8, 9 and 10: 1 dose	2 doses or 1 dose if the first dose was received at age 16 years or older
<i>Haemophilus influenzae</i> type b conjugate vaccine (Hib) ⁹	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: 518-473-4437

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

1. Documented serologic evidence of immunity to measles, mumps, rubella, hepatitis B, varicella or polio (for 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.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine (Minimum age: 6 weeks)
 - a. 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 received 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.
 - b. If the fourth dose of DTaP was administered at age 4 years or older, the fifth (booster) dose of DTaP vaccine is not necessary.
 - c. 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.
 - d. For children born before January 1, 2005, only immunity to diphtheria is required, and doses of DT and Td can meet this requirement.
 - e. 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 Td 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.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine (Minimum age: 7 years)
 - a. Students ages 11 years or older entering grades six through 12 are required to have one dose of Tdap.
 - b. Students without Tdap who are age 10 years in sixth grade are in compliance until they turn age 11 years.
 - c. A dose of Tdap or DTaP administered on or after age 7 years meets this requirement.
4. Inactivated poliovirus vaccine (IPV) or oral polio vaccine (OPV) (Minimum age: 6 weeks)
 - a. 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.
 - b. 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.
 - c. 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.
 - d. 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.
 - e. 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.
 - f. Only OPV administered before April 1, 2016 counts towards the completion of the polio series.
5. Measles, mumps and rubella (MMR) vaccine (Minimum age: 12 months)
 - a. 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.
 - b. 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.
6. Hepatitis B vaccine (Minimum age: birth)
 - a. 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.
- b. Two doses of adult hepatitis B vaccine (Recombivax®) received at least four months apart at age 11 through 15 years will meet the requirement.
- c. Administration of a total of four doses of hepatitis B vaccine is permitted when a combination vaccine containing Hep B is administered after the birth dose. This fourth dose is often needed to ensure that the last dose in the series is given on or after age 24 weeks.
7. Varicella (chickenpox) vaccine (Minimum age: 12 months)
 - a. 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.
 - b. 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.
8. Meningococcal Vaccine (MenACWY) (Minimum age: 6 weeks)
 - a. 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-135 and Y (MenACWY vaccine).
 - b. 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.
 - c. If the second dose was administered before age 16 years, then a third dose given on or after age 16 years is required.
 - d. The minimum interval between doses of MenACWY vaccine is eight weeks.
9. *Haemophilus influenzae* type b conjugate vaccine (Hib) (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at ages 2 months, 4 months, 6 months and 12 through 15 months.
 - b. 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.
 - c. 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.
 - d. If the first dose was received at age 15 months or older, only one dose is required.
 - e. Hib vaccine is not required for children ages 5 years or older.
10. Pneumococcal conjugate vaccine (PCV) (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at ages 2 months, 4 months, 6 months and 12 through 15 months.
 - b. 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.
 - c. Unvaccinated children ages 12 through 23 months are required to receive two doses of vaccine at least eight weeks apart.
 - d. If one dose of vaccine was received at age 24 months or older, no further doses are required.
 - e. For more information, refer to the PCV chart available in the School Survey Instruction Booklet at www.health.ny.gov/prevention/immunization/schools/.
11. Influenza Vaccine (Minimum age: 6 months)
 - a. All children 6 months through 59 months of age enrolled in New York City Article 47 & 43 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.
 - b. 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/flu/) or New York City Department of Health (<https://www1.nyc.gov/site/doh/health/health-topics/flu-seasonal.page>) website.

CHILD & ADOLESCENT HEALTH EXAMINATION FORM NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION				Please Print Clearly	NYC ID (OSIS)																																																																													
TO BE COMPLETED BY THE PARENT OR GUARDIAN																																																																																		
Child's Last Name			First Name		Middle Name		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (Month/Day/Year)																																																																									
Child's Address			Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other																																																																													
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Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No (including Medicaid)? <input type="checkbox"/> No		Parent/Guardian Last Name		First Name		Email																																																																												
TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER																																																																																		
Birth History (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____ Attach MAF if in-school medications needed			Does the child/adolescent have a past or present medical history of the following? <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Asthma (attach severity and attach MAF) If persistent, check all current medication(s): Asthma Control Status: _____</td> <td><input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent</td> </tr> <tr> <td><input type="checkbox"/> Anaphylaxis</td> <td><input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Behavioral/mental health disorder</td> <td><input type="checkbox"/> Well-controlled <input type="checkbox"/> Poorly Controlled or Not Controlled</td> </tr> <tr> <td><input type="checkbox"/> Congenital or acquired heart disorder</td> <td><input type="checkbox"/> Seizure disorder</td> </tr> <tr> <td><input type="checkbox"/> Developmental/learning problem</td> <td><input type="checkbox"/> Speech, hearing, or visual impairment</td> </tr> <tr> <td><input type="checkbox"/> Diabetes (attach MAF)</td> <td><input type="checkbox"/> Tuberculosis (attach infection or disease)</td> </tr> <tr> <td><input type="checkbox"/> Orthopedic injury/disability</td> <td><input type="checkbox"/> Hospitalization</td> </tr> <tr> <td><input type="checkbox"/> Explain all checked items above.</td> <td><input type="checkbox"/> Surgery <input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Addendum attached.</td> </tr> </table>								<input type="checkbox"/> Asthma (attach severity and attach MAF) If persistent, check all current medication(s): Asthma Control Status: _____	<input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent	<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> None	<input type="checkbox"/> Behavioral/mental health disorder	<input type="checkbox"/> Well-controlled <input type="checkbox"/> Poorly Controlled or Not Controlled	<input type="checkbox"/> Congenital or acquired heart disorder	<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Developmental/learning problem	<input type="checkbox"/> Speech, hearing, or visual impairment	<input type="checkbox"/> Diabetes (attach MAF)	<input type="checkbox"/> Tuberculosis (attach infection or disease)	<input type="checkbox"/> Orthopedic injury/disability	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Explain all checked items above.	<input type="checkbox"/> Surgery <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Addendum attached.																																																						
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PHYSICAL EXAM Date of Exam: ____/____/____ Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m ² (____ %ile) Head Circumference (age <2 yrs) _____ cm (____ %ile) Blood Pressure (age >3 yrs) ____/____			General Appearance: <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Physical Exam WNL</td> <td><input type="checkbox"/> Physical Exam WNL</td> <td><input type="checkbox"/> Physical Exam WNL</td> <td><input type="checkbox"/> Physical Exam WNL</td> <td><input type="checkbox"/> Physical Exam WNL</td> </tr> <tr> <td><input type="checkbox"/> Psychosocial Development</td> <td><input type="checkbox"/> HEENT</td> <td><input type="checkbox"/> Lymph nodes</td> <td><input type="checkbox"/> Abdomen</td> <td><input type="checkbox"/> Skin</td> </tr> <tr> <td><input type="checkbox"/> Language</td> <td><input type="checkbox"/> Dental</td> <td><input type="checkbox"/> Lungs</td> <td><input type="checkbox"/> Genitourinary</td> <td><input type="checkbox"/> Neurological</td> </tr> <tr> <td><input type="checkbox"/> Behavioral</td> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Cardiovascular</td> <td><input type="checkbox"/> Extremities</td> <td><input type="checkbox"/> Back/spine</td> </tr> </table> Describe abnormalities: _____								<input type="checkbox"/> Physical Exam WNL	<input type="checkbox"/> Physical Exam WNL	<input type="checkbox"/> Physical Exam WNL	<input type="checkbox"/> Physical Exam WNL	<input type="checkbox"/> Physical Exam WNL	<input type="checkbox"/> Psychosocial Development	<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Skin	<input type="checkbox"/> Language	<input type="checkbox"/> Dental	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Behavioral	<input type="checkbox"/> Neck	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Extremities	<input type="checkbox"/> Back/spine																																																				
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DEVELOPMENTAL (age 0-6 yrs) Validated Screening Tool Used? _____ Date Screened: ____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No Screening Results: <input type="checkbox"/> WNL <input type="checkbox"/> Delay or Concern Suspected/Confirmed (specify areas below): <input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Communication/Language <input type="checkbox"/> Gross Motor/Fine Motor <input type="checkbox"/> Social-Emotional or Personal-Social <input type="checkbox"/> Other Area of Concern: _____ Describe Suspected Delay or Concern: _____			Nutrition < 1 year <input type="checkbox"/> Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Both ≥ 1 year <input type="checkbox"/> Well-balanced <input type="checkbox"/> Needs guidance <input type="checkbox"/> Counselor <input type="checkbox"/> Referred Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ SCREENING TESTS <table border="0" style="width:100%;"> <tr> <td>Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)</td> <td>Date Done: ____/____/____</td> <td>Results: _____ ug/dL</td> </tr> <tr> <td>Lead Risk Assessment (annually, age 6 mo-6 yrs)</td> <td>Date Done: ____/____/____</td> <td>Results: <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk</td> </tr> <tr> <td>Hemoglobin or Hematocrit</td> <td>Date Done: ____/____/____</td> <td>Results: _____ g/dL _____ %</td> </tr> </table>								Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)	Date Done: ____/____/____	Results: _____ ug/dL	Lead Risk Assessment (annually, age 6 mo-6 yrs)	Date Done: ____/____/____	Results: <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk	Hemoglobin or Hematocrit	Date Done: ____/____/____	Results: _____ g/dL _____ %																																																															
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Child Receives EYCPSE/CSE services <input type="checkbox"/> Yes <input type="checkbox"/> No CIR Number: _____ Physician Confirmed History of Varicella Infection <input type="checkbox"/> _____			Hearing Date Done: ____/____/____ Results: _____ < 4 years: gross hearing _____ <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> P OAE: ____/____/____ <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> P ≥ 4 yrs: pure tone audiometry: ____/____/____ <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> P Vision Date Done: ____/____/____ Results: _____ < 3 years: Vision appears: ____/____/____ <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> R Acuity (required for new entrants and children age 3-7 years): ____/____/____ Right: ____/____/____ Left: ____/____/____ <input type="checkbox"/> Unable to test Screened with Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Strabismus? <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visible Tooth Decay <input type="checkbox"/> Yes <input type="checkbox"/> No Urgent need for dental referral (pain, swelling, infection) <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visit within the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																															
IMMUNIZATIONS - DATES <table border="0" style="width:100%;"> <tr> <td>DTaP/DTaP-IPV</td> <td>Tdap</td> <td>MMR</td> <td>Varicella</td> <td>Mening ACWY</td> <td>Hep A</td> <td>Rotavirus</td> <td>Mening B</td> <td>Other</td> </tr> <tr> <td>Td</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Polio</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hep B</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hib</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PCV</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Influenza</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HPV</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											DTaP/DTaP-IPV	Tdap	MMR	Varicella	Mening ACWY	Hep A	Rotavirus	Mening B	Other	Td									Polio									Hep B									Hib									PCV									Influenza									HPV								
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Influenza																																																																																		
HPV																																																																																		
ASSESSMENT <input type="checkbox"/> Well Child (Z00.129) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-10 Code _____ RECOMMENDATIONS <input type="checkbox"/> Full physical activity <input type="checkbox"/> Restrictions (specify) _____ Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> IEP <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____ Health Care Practitioner Signature _____ Date Form Completed: ____/____/____ Health Care Practitioner Name and Degree (print) _____ Practitioner License No. and State _____ Facility Name _____ National Provider Identifier (NPI) _____ Address _____ City _____ State _____ Zip _____ Telephone _____ Fax _____ Email _____																																																																																		
DOHMH ONLY PRACTITIONER ID. _____ TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s) Comments: _____ Date Reviewed: ____/____/____ LD NUMBER _____ REVIEWER: _____ FORM ID# _____																																																																																		

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"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached <input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental															
Asthma <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached <input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: _____															
Seizures <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached <input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Type: _____ Date of last seizure: _____															
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached <input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____ 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): <input type="checkbox"/> <5 th <input type="checkbox"/> 5 th -49 th <input type="checkbox"/> 50 th -84 th <input type="checkbox"/> 85 th -94 th <input type="checkbox"/> 95 th -98 th <input type="checkbox"/> 99 th and >															
Hyperlipidemia: <input type="checkbox"/> No <input type="checkbox"/> Yes Hypertension: <input type="checkbox"/> No <input type="checkbox"/> 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"/> Testicle											
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: _____											
<input type="checkbox"/> System Review and Exam Entirely Normal															
Check Any Assessment Boxes <u>Outside</u> 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:			<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%; border-bottom: 1px solid black;">Diagnoses/Problems (list)</th> <th style="width: 30%; border-bottom: 1px solid black;">ICD-10 Code</th> </tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> </table>			Diagnoses/Problems (list)	ICD-10 Code								
Diagnoses/Problems (list)	ICD-10 Code														
<input type="checkbox"/> Additional Information Attached															

Name:		DOB:	
SCREENINGS			
Vision	Right	Left	Referral
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distance Acuity With Lenses	20/	20/	
Vision – Near Vision	20/	20/	
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Hearing	Right dB	Left dB	Referral
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No
Scoliosis Required for boys grade 9 And girls grades 5 & 7	Negative	Positive	Referral
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deviation Degree:		Trunk Rotation Angle:	
Recommendations:			
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK			
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics. <input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications <input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling <input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field <input type="checkbox"/> Other Restrictions:			
<input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V			
<input type="checkbox"/> Accommodations: Use additional space below to explain <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Brace*/Orthotic <input type="checkbox"/> Insulin Pump/Insulin Sensor* <input type="checkbox"/> Protective Equipment </div> <div> <input type="checkbox"/> Colostomy Appliance* <input type="checkbox"/> Medical/Prosthetic Device* <input type="checkbox"/> Sport Safety Goggles </div> <div> <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Pacemaker/Defibrillator* <input type="checkbox"/> Other: </div> </div>			
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.			
Explain: _____			
MEDICATIONS			
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached			
List medications taken at home:			
IMMUNIZATIONS			
<input type="checkbox"/> Record Attached	<input type="checkbox"/> Reported in NYSIS	Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No	
HEALTH CARE PROVIDER			
Medical Provider Signature:	Date:		
Provider Name: (please print)	Stamp:		
Provider Address:			
Phone:			
Fax:			
Please Return This Form To Your Child's School When Entirely Completed.			