SACRED HEART SCHOOL

59 WILSON STREET, HARTSDALE, NEW YORK 10530
TEL. (914) 946-7242 / FAX (914) 946-7323
WWW.SHSHARTSDALE.ORG

Mr. Adam Perez
Principal

Rev. Michael Moon
Pastor

June 6, 2023

RE: 2023-24 School Year Health Requirements for Entry/Attendance to Kindergarten and Grades 1, 2, 3, 4 & 5

Dear Parents/Guardians:

Please review and ensure the completion and return of the all the listed documents below to the health office no later than the first day of the 2023-24 School Year.

Immunization Mandatory Requirements (See attached for the specific number of doses that are required for each vaccine): A record of your child's current Immunization Record is mandatory: The following immunizations are mandated by the New York State Department Of Health for Entry/Attendance to Pre-Kindergarten. Due date: No later **than the first day of the 2023-24 School Year:**

- **DTaP vaccine**
- **Polio vaccine**
- **Measles Mumps and Rubella vaccine**
- **Hepatitis B vaccine**
- **Varicella (Chickenpox) vaccine**

Health Certificate/Appraisal Form: Submission of a current physical examination form (see attached) is mandated by the New York State Department Of Health for Entry/Attendance to Pre-Kindergarten**. Due date: No later than the first day of the 2023-24 School Year:**

Lead Screening Report: Lead Screening is Mandatory by New York State Health Department Of Health for all **Entry/Attendance to Kindergarten**. **Due date: No later than the first day of the 2023-24 School Year:**

Parent Form: See attached: Due date: No later than the first day of the 2023-24 School Year:

Allergy Form: complete the attached Form with your pediatrician. **Due date: No later than the first day of the 2023-24 School Year:**

Authorization for Administration of Medication in School Form: If any medication is needed for your child during the course of the school day, please complete the attached form with your physician; and return the form with the prescribed medication in its original sealed and labeled by the dispensing pharmacy to the health office. **Due date: Based on the start date of prescribed medication**

Dental Form: Due date: No later than the first day of the 2023-24 School Year:

Please visit the Health Corner at our website: www.shshartsdale.org for more information and where you will be able to download needed forms. In addition, should you have any questions, please contact the Health at 914-946-7242.

Thank you, should you have any questions, please do not hesitate to let me know/

Kind regards,
School Nurse

2023-24 School Year
New York State Immunization Requirements for School Entrance/Attendance[1]

NOTES:
All children must be age-appropriately immunized to attend school in NYS. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the "ACIP-Recommended Child and Adolescent Immunization Schedule." Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must 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	Pre-Kindergarten (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 adolescent 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		
Measles, Mumps and Rubella vaccine (MMR)[5]	**1 dose**	**2 doses**		
Hepatitis B vaccine[6]	**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[7]	**1 dose**	**2 doses**		
Meningococcal conjugate vaccine (MenACWY)[8]	**Not applicable**		**Grades 7, 8, 9, 10 and 11: 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 or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or 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 and at least 6 months after the previous dose.
   b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
   c. 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 or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final 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 final dose was received at 4 years or older.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 9: 10 years; minimum age for grades 10, 11, and 12: 7 years)
   a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
   b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2023-2024, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 9; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 10, 11, and 12.
   c. 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. For children with a record of OPV, only trivalent OPV (tOPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.

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. Two doses are required for grades kindergarten through 12.
   c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
   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 (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
   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 (MenACWY). (Minimum age for grades 7 through 10: 10 years; minimum age for grades 11 and 12: 6 weeks).
   a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
   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.
   f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.

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 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. PCV is not required for children 5 years or older.
    f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.

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

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: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type — ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Environmental

Asthma ☐ No ☐ Yes, indicate type — ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ Intermittent ☐ Persistent ☐ Other: _____

Seizures ☐ No ☐ Yes, indicate type — ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ Type: _____ Date of last seizure: _____

Diabetes ☐ No ☐ Yes, indicate type — ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached
☐ Type 1 ☐ Type 2 ☐ HgbA1c results: _____ Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:
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.

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
PPD/ PRN	☐	☐	
Sickle Cell Screen/PRN	☐	☐	
Lead Level Required Grades Pre-K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥ 10 µg/dL			

Other Pertinent Medical Concerns
One Functioning: ☐ Eye ☐ Kidney ☐ Testicle
☐ Concussion – Last Occurrence: _____
☐ Mental Health: _____
☐ Other:

☐ **System Review and Exam Entirely Normal**

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

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ **Assessment/Abnormalities Noted/Recommendations:**

☐ **Additional Information Attached**

Diagnoses/Problems (list)	ICD-10 Code

Name:			DOB:
SCREENINGS			
Vision	**Right**	**Left**	**Referral** ☐ Yes ☐ No — **Notes**
Distance Acuity	20/	20/	
Distance Acuity With Lenses	20/	20/	
Vision – Near Vision	20/	20/	
Vision – Color ☐ Pass ☐ Fail			
Hearing	**Right dB**	**Left dB**	**Referral** ☐ Yes ☐ No
Pure Tone Screening			
Scoliosis Required for boys grade 9	**Negative**	**Positive**	**Referral** ☐ Yes ☐ No
And girls grades 5 & 7	☐	☐	
Deviation Degree:		Trunk Rotation Angle:	
Recommendations:			

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ Full Activity without restrictions including Physical Education and Athletics.

☐ Restrictions/Adaptations — Use the Interscholastic Sports Categories (below) for Restrictions or modifications

☐ No Contact Sports — Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling

☐ No Non-Contact Sports — Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field

☐ Other Restrictions:

☐ 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: ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ Accommodations: Use additional space below to explain

☐ Brace*/Orthotic ☐ Colostomy Appliance* ☐ Hearing Aids

☐ Insulin Pump/Insulin Sensor* ☐ Medical/Prosthetic Device* ☐ Pacemaker/Defibrillator*

☐ Protective Equipment ☐ Sport Safety Goggles ☐ Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

☐ Order Form for Medication(s) Needed at School attached

List medications taken at home:		

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS Received Today: ☐ Yes ☐ 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.

IMMUNIZATION RECORD

PATIENT NAME (PRINT): **DOB:**

VACCINE	1	2	3	4	5	6
Hepatitis B						
Diphtheria, Tetanus, Pertussis						
Inactivated Poliovirus						
Haemophilus Influenza Type b						
MMR Measles, Mumps, Rubella						
Varicella						
Tdap						
Td						
Hepatitis A						
Hib						
PCV						
Rotavirus						
Pneumococcal						
Meningococcal* *Requirement for entry to 7th 8th & 12 grades*						
HPV						
Influenza Date of Last:						
PPD results: /Date of Last:	**BCG result/ Date of Last:**	**Yellow Fever Date of Last**	**Typhoid Fever Date of Last:**	**Cholera result/ Date of Last:**		

***NYS PHL:** Quadrivalent Meningococcal Conjugate Vaccine (MCV4) school immunization requirements took effect at the beginning of 2017-2018 school year, **for all students entering 7th 8th and 12th grades**. Students entering these grades are required to have received an adequate dose or doses of MCV4. Specifically, this means that students entering the 7th grade must have received one dose of MCV4, and that students entering 12th grade must have received two doses of MCV4, unless their first dose was administered at 16 years of age or older. If the student's first MCV4 was administered at 16 years of age or older, then only one dose will be required. See attached CDC Fact Sheet.

OTHER (SPECIFY):

PHYSICIAN'S NAME (PRINT) **PYSICIAN'S SIGNATURE** **DATE** **OFFICE STAMP**

Greenburgh Central School District
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PARENT HEALTH ASSESSMENT FORM

STUDENT INFORMATION

To provide the best educational experience school personnel must understand your child's health needs. This form requests information from you which will be helpful to school personnel and nurse.

Student Name

Date of Birth	Grade

School

- ☐ The Early Childhood Program (Pre-K)
- ☐ Lee F. Jackson Elementary School (K-1)
- ☐ Highview Elementary School (2-3)
- ☐ Richard J. Bailey Elementary School (4-6)
- ☐ Woodlands Middle/High School (7-12)

1. Do you have any concerns about your child's general health (eating, sleeping, bowel, bladder, teeth, skin, weight, etc.)? ☐ Yes ☐ No
2. Do you or your child have any concerns with vision or hearing? If so, please specify: ☐ Yes ☐ No
3. Do you or your child have concerns with their speech? If so, please specify: ☐ Yes ☐ No
4. Does your child have any allergies? If so, please specify: ☐ Yes ☐ No
5. Does your child have any medical condition or concerns that may affect his/her Ability to learn, socialize or require special accommodations? If so, please specify: ☐ Yes ☐ No
6. Does your child take medications? If so, please specify: ☐ Yes ☐ No
7. Will your child require an Individual Health Care Plan? ☐ Yes ☐ No
8. Do you have any concerns with your child's behavior, emotional or overall development? ☐ Yes ☐ No

If you answered YES to any of the questions from this assessment, it is essential that you speak with school personnel and nurse.

I will review the Health Assessment with the school nurse to discuss further medical needs for my child

Parent/Legal Guardian Signature: Date:

Greenburgh Central School District

475 West Hartsdale Avenue

Hartsdale, NY 10530

Sacred Heart ES

50 Wilson Street

Hartsdale, NY 10530

ALLERGY FORM

PLEASE NOTE: THIS FORM MUST BE RETURNED TO THE SCHOOL NURSE IN THE BUILDING YOUR CHILD ATTENDS CLASS. THANK YOU.

CHECK AND SIGN A, B, OR C. **Grade:** _____

A. ____ My child _____ has no known allergies.

Signed: _____ Date: _____

B. _____ My child _____ has a known allergies.

to: _____ Reactions generally are not severe.

Signed: _____ Date: _____

C. _____ My child _____ has a known allergies.

to: _____ In the event of a contact, I give my permission for the school nurse, or her designee to follow the protocol written by

Dr. _____ _____
(your child's physician's name) Address

_____ _____
(Phone number)

This may include the administration of medication and transport by emergency care unit to the nearest emergency room. I will be notified immediately.

Signed: _____ Date: _____

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Dental Health Form

To: All Parents/Guardians

From: The GCSD School Nurses

People can keep their teeth throughout life if they do their part and allow the dentist to do his/her part. Most dental disease is preventable. Starting at age 3, regular visits to the dentist are essential. During a dental visit the dentist should:

1. Examine teeth and gums.
2. Prophylaxis (clean/fluoride).
3. Check for cavities and fill as needed.
4. Prevent major dental problems.
5. Provide dental health instructions.

What can parents/guardian do?

1. Provide a well-balanced diet for the family.
2. Help their children limit sugary snacks; offer healthy snacks.
3. Encourage their children to brush promptly and properly after eating, using fluoride toothpaste.
4. Take their children to the dentist yearly, more often as needed.

If your child has not had a dental exam within the past year, please call today and schedule an appointment. Ask your dentist to fill out the information below and return it to the school nurse.

PLEASE FILL OUT THE INFORMATION BELOW AND RETURN IT TO THE SCHOOL NURSE		
Student's Name		
School		
Teacher		Grade
The above student has had a dental examination and the necessary work is: ☐ Completed ☐ In Progress		
Dentist Signature		Date

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Formulario de Salud Dental

A: Todos Los Padres/Guardianes

De: Las Enfermeras Escolares de GCSD

La gente puede mantener sus dientes por toda la vida si hacen su parte y permiten que el dentista también haga su parte. La mayoría de las enfermedades dentales se pueden prevenir. A partir de los tres años, las visitas regulares al dentista son esenciales. Durante una visita dental el dentista debe:

1. Examinar los dientes y las encías.
2. Profilaxis (limpieza / fluoruro).
3. Comprobar si hay cavidades y llénarlas según sea necesario.
4. Prevenir problemas dentales mayores.
5. Proporcionar instrucciones de salud dental.

¿Qué pueden hacer los padres/guardianes?

1. Proporcionar una dieta bien-equilibrada para la familia.
2. Ayudar a sus niños a limitar los aperitivos azucarados, ofreciendo bocadillos saludables.
3. Animar a sus niños a cepillarse puntualmente y adecuadamente después de comer, usando pasta de dientes con flúor.
4. Tomar a sus niños al dentista anualmente, o más a según lo necesitado.

Si su hijo no ha tenido un examen dental durante el año pasado, por favor llame hoy mismo y haga una cita. Pídale a su dentista que llene este formulario y devuélvalo a la enfermera escolar.

POR FAVOR LLENE ESTE FORMULARIO Y DEVUÉLVALO A LA ENFERMERA ESCOLAR		
Nombre del Estudiante		
Escuela		
Profesor		Grado
El estudiante anterior ha tenido un examen dental y el trabajo necesario: ☐ Completo ☐ En Proceso		
Firma del Dentist		Fecha