

Instructions for Completion of New York State School Health Examination Form

This form is to be completed in its entirety, except fields designated as optional, by the private provider or school medical director. NYSED requires a physical exam for new entrants and students in grades pre-K or K, 1, 3, 5, 7, 9, and 11; annually for inter-scholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-school special education (CPSE). The date of examination must be not more than 12 months prior to the start of the school year and noted on form.

Health History

Chronic medical conditions should be listed in patient's problem list.

- ICD-10 codes should accompany diagnoses ONLY for patients who have Medicaid and have an Individualized Education Plan (IEP) for special education in school and receive related services (i.e. nursing, social worker/psychologist, PT/OT/ST, or special transportation).
- Asthma, Seizure disorders, life threatening allergies and Diabetes must be included if diagnosed, and each require a separately attached care plan:
 - Diabetes- requires a Diabetes Medical Management Plan (DMMP) specifying the type of diabetes and most recent hemoglobin A1c (include date), See [NYSDOH Diabetes Medical Management Plan](#);
 - Seizure disorders care plans should include date of last known seizure; See [NYSCSH Seizure ECP with Medication Information](#) ;
 - Asthma - Asthma Action Plans should include medication orders along with directives. See [NYSDOH Asthma Action Plan](#); and
 - Allergies - life threatening allergy care plans should specify what the patient is allergic to. See [AAAI Sample Anaphylaxis Emergency Action Plan](#) .
- Consider screening for T2DM if BMI% >85% and child has 2 or more risk factors: Family history of T2DM, Ethnicity, Symptoms of insulin resistance, History of gestational diabetes in the mother, and or pre-diabetes.
- Include hyperlipidemia and hypertension if diagnosed.
- Include mention of unpaired eye, kidney or testicle if relevant.
- Include mental health diagnoses where permitted by patient/family.
- Under allergies, List all allergies including medication, food, insects, latex, and other environmental allergens.
- Attach medication administration forms for medication which will be administered in school
- Past medical history must include any concussions with the dates of when they occurred.
- Height, weight, and BMI must be provided including percentile for each, as well as marking appropriate BMI category.
- Pulse and respiratory rate are to be documented for students with diagnosed respiratory or cardiac conditions.

Laboratory and Diagnostic Testing

- Tuberculosis screening, if indicated and performed, should specify type of testing (PPD or Interferon-gamma release assay), result, and test date.
Screening for vision and hearing in grades PreK or K, 1, 3, 5, 7, and 11, and for scoliosis in grades 5 and 7 for girls, grade 9 for boys that is not done or reported on the school form will be performed by the school.
- Vision screening should include the results of distance acuity testing in each eye (pass is 20/30 or better), an assessment of near vision acuity (pass is 20/40 or better). Color vision (pass/fail) is required if student is attending a new school. See [NYSED Vision Screening Guidelines for Schools](#)
- Hearing screening should be performed at 20 db and pass or fail noted for each frequency (500Hz, 1000Hz, 2000Hz, 4000Hz); children ≥ 11 years of age should be screened for high frequency hearing loss by testing at 6000Hz and 8000Hz. See [NYSED Hearing Screening Guidelines for Schools](#)
- Lead screening- indicate if screening done for students in PreK or K.

Physical Examination

- A complete physical exam must include the following systems: HEENT, Dental, Neck, Lymph nodes, Lungs, Abdomen, Back/Spine including screening for scoliosis (see above grade levels), Genitourinary, Extremities, Skin, Neurological, Speech/Language, Social-Emotional, and Musculoskeletal.
- Abnormal findings on review of systems and physical exam should be noted
- Tanner Staging (1-5) must be supplied ONLY for any student in Grades 7 or 8 to play sports at a high school level or Grades 9-12 to play middle school level sports.

Assessment and Recommendations

- State has no restrictions if applicable
- Please note any restrictions on physical activity including participation in physical education, sports, playground and work. Include applicable limitations on contact sports - baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling, non-contact sports- archery, badminton, bowling, cross country, fencing, golf, gymnastics, riflery, skiing, swimming and diving, and track & field, or other specific restrictions.

- List any accommodations required for participation including but not limited to: Brace/Orthotic, Insulin pump/sensor, Protective equipment, Colostomy appliance, Medical/Prosthetic device, Sport safety goggles, Hearing aids, Pacemaker/Defibrillator, etc. Specific approval and associated documentation may be required if use of device will occur during athletic competitions, please check with athletic governing body for more information.
- Chronic medications should be listed- medication strength/concentration, formulation, dose, frequency, and timing should be noted for those medications to be administered during the school day.
- Providers may attach an immunization form or refer to NYSIIS registry if record available and complete.
- Referrals, such as those for abnormalities on vision or hearing screening should be noted.
- Please include any additional information that may be useful to the school that is not otherwise solicited.

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

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

STUDENT INFORMATION

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

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached Date of last seizure:
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

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 Not Done **Hypertension:** No Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K			Date	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$				

System Review and Abnormal Findings Listed Below

<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

Assessment/Abnormalities Noted/Recommendations: **Diagnoses/Problems (list)** **ICD-10 Code***

Additional Information Attached

*Required only for students with an IEP receiving Medicaid

Name: _____ DOB: _____

SCREENINGS

Vision (w/correction if prescribed)	Right	Left	Referral	Not Done
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity	20/	20/		<input type="checkbox"/>
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>
Notes				

Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz. **Not Done**

Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	Not Done
Notes				<input type="checkbox"/>

Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7	Negative	Positive	Referral	Not Done
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

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

- Student may participate in all activities without restrictions.
- Student is restricted from participation in:
 - Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
 - Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
 - Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
 - Other Restrictions:**

Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: I II III IV V Age of First Menses (if applicable) : _____

Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

MEDICATIONS

Order Form for Medication(s) Needed at School Attached

IMMUNIZATIONS

Record Attached Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature: _____

Provider Name: *(please print)* _____

Provider Address: _____

Phone: _____ Fax: _____

Please Return This Form To Your Child's School When Completed.



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.