



NEW YORK CITY DEPARTMENT OF

HEALTH AND MENTAL HYGIENE

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Commissioner

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Dear Colleague:

I am writing to remind you that all students attending New York City (NYC) public and nonpublic schools must meet medical requirements for new school entrants, including medical evaluations, screenings, and immunizations.¹

MEDICAL REQUIREMENTS

Medical evaluation: All new students in NYC public and nonpublic schools must show proof of having received a complete medical evaluation after January 1, 2014.² The comprehensive medical examination must be documented on a Child Adolescent Health Examination Form (CH205) and must include weight; height; blood pressure; body mass index; vision, hearing, and dental screening; medical history; developmental assessment; and nutritional evaluation.

The NYC Health Department recommends that you use the new, **savable** CH205, available through the Citywide Immunization Registry (CIR). If you use the “Create New Form and Save” option when you access the CH205, the immunization and lead information already in the CIR will automatically appear in the form. Completed forms can be printed or automatically faxed to schools, camps, and day care facilities. If you are not already using the CIR, click [Sign Up for Online Registry Access](#) or call the CIR at 347-396-2400 for instructions. You can still download blank [CH205s](#) without using the CIR, but these forms will not include immunization or lead data, and they cannot be completed online and saved for future use.

The medical information provided on the CH205 is essential for determining whether students are free of potential communicable diseases (eg, vaccine-preventable illnesses), have hearing or vision problems that may affect their ability to progress academically (eg, amblyopia), have other medical issues that may affect their ability to fully participate in all school activities, or may require treatment when in school (eg, diabetes). For the 2014-15 academic year, the CH205 examination must be performed on or after January 1, 2014. Students continuing on to kindergarten from pre-kindergarten must submit a new CH205.

All students who need to take medications (eg, for asthma or diabetes) in school—even those who carry their own medication—must submit a Medication Administration Form (MAF) annually. An MAF documents physician orders that allow the school nurse to administer medications to students while in school. The form also allows the school physician and nurse to provide case management and inform you of in-school management of the child’s condition. You can access and download the [Diabetes MAF](#), the [Asthma MAF](#), the [Allergies/Anaphylaxis MAF](#), and the [Non-Allergy/Non-Asthma MAF](#) for all other medications. If you have any questions, please call 347-396-4720.

REQUIRED SCREENINGS

Anemia screening: All students enrolled in day care should have documented hematocrit and hemoglobin screening.

Lead screening: Children 6 months to 6 years of age must be assessed for lead exposure risk, and all children must be tested at around 1 year and again at around 2 years of age for lead poisoning.³ Use the [Lead Exposure Risk Assessment Questionnaire for Children](#) to assess potential lead exposure. If the parent answers “yes” to any of the questions, the child should be tested.

Medicaid requires a blood lead test for children up to 6 years of age who have not been previously tested.⁴ In addition, enrollment in preschool/day care⁵ and the Early Intervention Program⁶ requires blood lead level documentation. Foreign-born children up to 16 years of age, particularly children who are refugees or internationally adopted, should have their blood lead levels checked when they arrive in the United States, and again 3 to 6 months after they receive permanent placement with families.⁷ Blood lead tests should also be considered for older children with a history of elevated blood lead, foreign residency, or developmental delay.

For more information, call the Lead Poisoning Prevention Program at 311.

Tuberculosis screening: The NYC Health Department no longer requires that new entrants to secondary schools undergo testing for latent TB infection (Mantoux Tuberculin Skin Test or blood-based test). Screening tests are only beneficial when the persons being tested are at high risk for TB infection, and, if infected, are also at high risk for developing active TB. Young children and adolescents who have been in contact with someone with active TB disease, who are recent immigrants from countries with a high burden of TB, and/or who are at high risk for progression to active TB disease should continue to be screened for TB infection.

Use the [Tuberculosis Risk Assessment Questionnaire for Children and Adolescents](#) to evaluate children and adolescents for risk factors for both active TB disease and latent TB infection. Children and adolescents with 1 or more risk factors should be screened for active TB disease and latent TB infection and, if initial screening is positive, undergo a full evaluation, including a chest x-ray and any other diagnostic work-up. Those found to have active TB disease or latent TB infection should receive appropriate treatment. However, students should not be excluded from attending school unless the NYC Health Department expresses specific public health concerns. For more information about evaluation and treatment for TB, visit www.nyc.gov/health/tb or call 311 to speak to a health care provider.

IMMUNIZATIONS

The immunizations listed in **Table 2** are mandated for all students aged 2 months to 18 years.⁸ A child’s immunization history must include all the vaccines listed in the table for the child to be considered in compliance. Immunization records should be evaluated according to the child’s age and grade for this upcoming school year. Children will be excluded from school if they do not meet these requirements. A child who is a new student may initially enter school with provisional status (**Table 1**).

Influenza vaccine is recommended for all individuals aged 6 months and older, including all students attending school. **The Health Code now requires that all children 6 months through 59 months of age enrolled in NYC Article 47 & 43 regulated pre-kindergarten programs (day care, Head Start, nursery**

school, or pre-kindergarten) receive 1 dose of influenza vaccine between July 1 and December 31 of each year. Some children may need 2 doses of influenza vaccine, depending on their prior vaccination history. You should begin vaccinating your patients as soon as vaccine is available. The NYC Health Department posts [updates on influenza and vaccine recommendations and availability](#). For more information on influenza and other topics or to sign up for the Health Alert Network, go to www.nyc.gov/html/doh/html/home/home.shtml.

Provisional immunization requirements: New students may enter school provisionally with documentation of at least the initial series of vaccinations as outlined in **Table 1**. Once admitted provisionally, subsequent vaccines must be administered in accordance with the Advisory Committee for Immunization Practices (ACIP) “catch-up” schedule for the child to remain in school (refer to www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html for schedule). Alternative schedules are not allowed. Students must complete the entire series to comply with the law. Students who have not been immunized in accordance with the ACIP schedule during the provisional period must be issued exclusion letters and excluded from school until they comply with the requirements.

TABLE 1. PROVISIONAL IMMUNIZATION REQUIREMENTS, 2014-2015

| DAY CARE/PRE-KINDERGARTEN | NO. OF DOSES | KINDERGARTEN/GRADES 1-12 | 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 | 1 |
| On or after the 1st birthday. | | IPV or OPV | 1 |
| Hib (<i>Haemophilus influenzae</i> type b) | 1 | MMR | 1 |
| Hepatitis B | 1 | On or after the 1st birthday. | |
| Varicella | 1 | Hepatitis B | 1 |
| On or after the 1st birthday. | | Varicella | 1 |
| Pneumococcal conjugate (PCV) | 1 | On or after the 1st birthday. | |
| Influenza | 1 | | |
| Depending on their influenza vaccination history, some children may need 2 doses of influenza vaccine. | | | |

Full immunization compliance: A child’s immunization history must include all of the vaccines in **Table 2** in order for the child to be considered fully immunized. The child’s immunization record should be evaluated according to the grade the child will attend this school year.

There are changes to the full immunization requirements this year. Highlights of the changes are as follows:

- Children entering kindergarten through 5th grade need to have had a dose of DTaP or Tdap after their 4th birthday and may require between 4 and 5 doses of DTaP.
- Children entering either kindergarten or 6th grade, and who have had no doses of polio vaccine after their 4th birthday, need an additional dose.
- Children entering either kindergarten or 6th grade need to have had 2 doses of varicella vaccine.
- Children attending child care require 1 dose of influenza vaccine before December 31.

TABLE 2. FULL IMMUNIZATION COMPLIANCE, 2014-2015

NOTES: The number of required vaccine doses depends on the schedule recommended by the Advisory Committee for Immunization Practices (ACIP).

This schedule reflects the number of doses required for Pre-K through grade 12. Intervals between doses of vaccine should be in accordance with the ACIP recommended immunization schedule for persons 0 through 18 years of age. See footnotes for specific information for each vaccine.

| FULL COMPLIANCE 2014 | | | | | |
|--|--|---|--|--|------------------------|
| VACCINES | PRE-KINDERGARTEN (Day Care, Head Start, Nursery or Pre-K) | KINDERGARTEN | GRADES 1 through 5 | GRADE 6 | GRADES 7 through 12 |
| Diphtheria and Tetanus toxoid-containing vaccine DTaP/DPT/Tdap) | 4 doses | 4 to 5 doses If the fourth dose of DTaP was administered at age 4 or older, the fifth (booster) dose is not necessary. | 4 to 5 doses If the fourth dose of DTaP was administered at age 4 or older, the fifth (booster) dose is not necessary. | 3 doses | 3 doses |
| Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap) | Not applicable | Not applicable | Not applicable | 1 dose | 1 dose |
| Polio (IPV/OPV) | 3 doses | 3 to 5 doses If 4 or more doses were adminis- tered before age 4 years, an addi- tional dose should be received on or after age 4 years. For children 4 years of age or older who have previously received less than 3 doses, a total of 3 doses are required. If both OPV and IPV were administered as part of a series, a total of 4 doses should be received, regardless of the child's current age. | 3 doses | 3 to 5 doses For children 4 years of age or older who have previously received less than 3 doses, a total of 3 doses are required. If both OPV and IPV were administered as part of a series, a total of 4 doses should be received, regardless of the child's current age. | 3 doses |
| Measles, Mumps and Rubella (MMR) | 1 dose | 1 dose | 2 doses 2 doses required by age 7 | 2 doses | 2 doses |
| Hepatitis B | 3 doses | 3 doses | 3 doses | 3 doses | 3 doses |
| Varicella (Chickenpox) | 1 dose | 2 doses | 1 dose | 2 doses | 1 dose |
| Haemophilus Influenza type b (Hib) | 1 to 4 doses Number of doses depends on the child's age at the first dose; if you have questions, please consult with your physician. | Not applicable | Not applicable | Not applicable | Not applicable |
| Pneumococcal Conjugate Vaccine (PCV) | 1 to 4 doses Number of doses depends on the child's age at the first dose; if you have questions, please consult with your physician. | Not applicable | Not applicable | Not applicable | Not applicable |
| Influenza | 1 dose All children 6 months through 59 months of age enrolled in NYC Article 47 & 43 regulated pre- kindergarten programs (Day Care, Head Start, Nursery, or Pre-K) must receive one dose of influenza vaccine between July 1st and December 31st of each year. Some children may need 2 doses of influenza vaccine, depending on their prior vaccination history. | Not applicable | Not applicable | Not applicable | 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. Footnotes reflect updates as of April 2014. Please refer to <http://www.health.ny.gov/prevention/immunization/schools/> for updated information and Frequently Asked Questions (FAQs).

School-based Preventive Services

The Office of School Health, a joint program of the NYC Department of Education and the NYC Health Department, partners with community providers to offer important preventive health services, including asthma management and vision screenings, to the more than 1 million students who attend NYC schools.

Asthma: Childhood asthma often worsens in the fall and winter months, with hospitalization rates more than tripling from summertime lows. Schedule checkups for children with asthma, obtain a medical history, prescribe spacers with inhalers (for both rescue medications and long-term controllers), and prescribe inhaled corticosteroids for patients with persistent asthma.⁹ To ensure that your patients with asthma are well managed while in school, complete the [Asthma MAF](#).

- a. *Rescue medications.* Ventolin[®] HFA inhalers are stocked at schools and will be available to students whose MAFs indicate Ventolin HFA as the rescue medication. Ventolin HFA may be provided by the school nurse for shared usage but with a separate spacer for each student. Students whose Asthma MAFs indicate the use of other asthma rescue medications will need to provide their own medication.
- b. *Inhaled corticosteroids.* Authorizing administration of inhaled corticosteroids in school may be a useful strategy for managing patients with poorly controlled asthma and adherence problems.

Recommendations:

1. Complete an Asthma MAF annually for your patients with asthma. Instruct parents to sign the back of this form, which will allow your patients to have in-school access to medications.
2. Prescribe spacers with inhalers, and review inhalation technique and spacer use with your patients. Nebulizers are not recommended because they do not deliver medication more effectively than spacers.
3. Complete a written Asthma Action Plan¹⁰ for everyday management at home.
4. Review asthma triggers and develop an individual trigger-avoidance plan.
5. Administer an inactivated influenza vaccination (flu shot) to patients who have asthma.

For more information on asthma, see [City Health Information, "Managing Asthma."](#)

Vision screening: Amblyopia is the most common cause of monocular blindness in children and young adults until middle age. Treatment is most successful when initiated before age 7. Physicians are in a unique position to detect risk and to encourage parents to obtain a complete evaluation and treatment. The NYC Health Department Vision Screening Program conducts vision screenings for amblyopia in pre-kindergarten, kindergarten, and first-grade students in public and nonpublic schools. For more information, visit the [Office of School Health's website](#).

Recommendations:

1. Conduct preschool visual screening to detect children at risk for amblyopia (obtaining and recording separate visual acuity measurements in each eye).
2. Refer children at risk for amblyopia (whenever the visual acuity measurements in both eyes differ by 2 lines or more) to an ophthalmologist or optometrist.
3. Ask parents of kindergartners and first graders if their child was screened in school, if a vision problem was detected, and if follow-up care was obtained.
4. Stress to parents that if eyeglasses have been prescribed for their child, annual appointments with an eye doctor are recommended; teachers should also be informed that the child wears glasses.

Behavioral and emotional health: Many children learn better if they receive mental health services. Some schools offer these services on site, and some by referral. The Office of School Health works with behavioral health providers to enhance the accessibility of mental health services in underserved communities.

Recommendation: Visit the [Office of School Health's website](#) for information about the School-based Mental Health Program. A list of schools that currently offer these services is available at the bottom of the webpage.

Thank you for working with us to promote the health of all students in NYC schools.

Sincerely,



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References

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7. Centers for Disease Control and Prevention. Recommendations for lead poisoning prevention in newly arrived refugee children, 2006. www.cdc.gov/nceh/lead/refugee%20recommendations.pdf.
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