



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 public and nonpublic schools must meet medical requirements for new school entrants, including medical evaluations, immunizations, and screenings.<sup>1</sup>

### **Medical Requirements**

**Medical evaluation:** All new students in NYC public and nonpublic schools must show proof of having received a complete medical evaluation within the previous 12 months.<sup>2</sup>

The NYC Health Department recommends that you use the new, **savable** Child & Adolescent Health Examination Form (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 at [www.nyc.gov/html/doh/downloads/pdf/hcp/hcp-ch205.pdf](http://www.nyc.gov/html/doh/downloads/pdf/hcp/hcp-ch205.pdf), 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), or have other medical issues that may affect their ability to fully participate in all school activities and may require treatment when in school (eg, diabetes).

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 annually. A Medication Administration Form allows 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 the child’s progress in school. You can access and download the form at <http://schools.nyc.gov/NR/rdonlyres/952DB10B-23B4-4BA5-A09C-4327CBA5B3E9/0/3DiabetesMAF201314Final.pdf> for diabetes medications and <http://schools.nyc.gov/NR/rdonlyres/DC2FFC16-447B-4124-9FF6-92B735FA3ADE/0/1MAF20132014.pdf> for all other medications. If you have any questions, please call 347-396-4709.

**Immunizations:** The immunizations listed in **Table 1** are mandated for all students aged 2 months to 18 years.<sup>3</sup> 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 the grade the child is attending this 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 2**).

**Lead screening: Children must be tested at 1 year and again at 2 years of age for lead poisoning,<sup>4</sup> and all children 6 months to 6 years of age must be assessed for lead exposure risk.** Use the Recommended Lead Risk Assessment Questions, located online at [www.nyc.gov/html/doh/downloads/pdf/lead/prevention-management-in-children.pdf](http://www.nyc.gov/html/doh/downloads/pdf/lead/prevention-management-in-children.pdf), 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.<sup>5</sup>** In addition, enrollment in preschool/day care<sup>6</sup> and the Early Intervention Program<sup>7</sup> 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.<sup>8</sup> Blood lead tests should also be considered for older children with a history of elevated blood lead, foreign residency, or developmental delay.

**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 below 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 <http://www.nyc.gov/health/tb> or call 311 to speak to a health care provider.

### **Tuberculosis Risk Assessment Questionnaire for Children and Adolescents\***

**1. Was your child born outside the United States?**

If yes, and the child was born in a high TB incidence area\*\* such as Africa, Asia, Latin America, or Eastern Europe, a test for TB infection should be administered.

**2. Has your child traveled outside the United States?**

If yes, and the child stayed with friends or family members in a high TB incidence area\*\* such as Africa, Asia, Latin America, or Eastern Europe for > 1 month cumulatively, a test for TB infection should be administered.

**3. Has your child been exposed to anyone with TB disease?**

If yes, and it has been confirmed that the child has been exposed to someone with suspected or known TB disease, a test for TB infection should be administered and the NYC Health Department should be notified.

**4. Does your child have close contact with a person who had a positive test for TB infection?**

If yes, proceed as in question 3 (above).

**5. Has your child consumed dairy products obtained from abroad, such as raw milk or fresh cheese?**

If yes, a test for TB infection should be administered.

\*Adapted from The Pediatric Tuberculosis Collaborative Group. Targeted tuberculin skin testing and treatment of latent tuberculosis infection in children and adolescents. *Pediatrics*. 2004;114(suppl 4):1175-1201.

\*\*High TB incidence countries are listed in [www.nyc.gov/html/doh/downloads/pdf/tb/tb-protocol.pdf](http://www.nyc.gov/html/doh/downloads/pdf/tb/tb-protocol.pdf).

**TABLE 1. FULL IMMUNIZATION COMPLIANCE, 2013-2014**

A child’s immunization history must include all of the following vaccines 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.

<b><u>DAYCARE/PRE-KINDERGARTEN</u></b>	<b><u>NO. OF DOSES</u></b>
<b>DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis)</b> .....	4
Fourth dose should be at least 6 months after the third dose.	
<b>IPV (inactivated poliovirus) or OPV (oral poliovirus)</b> .....	3
<b>MMR (measles-mumps-rubella)</b> .....	1
On or after the 1st birthday.	
<b>Hib (Haemophilus influenzae type b)</b> .....	1, 2, or 3
One dose at or after age 15 months. If younger than 15 months, as age appropriate.	
<b>Hepatitis B</b> .....	3
<b>Varicella</b> .....	1
On or after the 1st birthday.	
<b>Pneumococcal conjugate (PCV)</b> .....	1, 2, or 3
For all children born on or after January 1, 2008, as age appropriate.	
<b><u>KINDERGARTEN</u></b>	
<b>DTaP or DTP</b> .....	4
Fourth dose should be at least 6 months after the third dose.	
<b>IPV or OPV</b> .....	3
<b>MMR</b> .....	2
One dose on or after the 1st birthday, plus a second dose of a measles-containing vaccine (preferably as MMR) administered at least 28 days after the first dose.	
<b>Hepatitis B</b> .....	3
<b>Varicella</b> .....	1*
On or after the 1st birthday.	

<b><u>GRADES 1-12</u></b>	<b><u>NO. OF DOSES</u></b>
<b>DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis)</b> .....	3
Vaccine type as appropriate for age.	
<b>Tdap</b> .....	1
For all children in 6 <sup>th</sup> through 12 <sup>th</sup> grades, born on or after January 1, 1994.	
<b>IPV or OPV</b> .....	3
<b>MMR</b> .....	2
One dose on or after the 1st birthday, plus a second dose of a measles-containing vaccine (preferably as MMR) administered at least 28 days or more after the first dose.	
<b>Hepatitis B</b> .....	3 <sup>#</sup>
(Students 11-15 may receive 2 doses of Merck Recombivax HB® adult vaccine with doses separated by at least 4 months to satisfy this requirement. Documentation must clearly specify the product and strength of the dose.)	
<b>Varicella</b> .....	1*
For all children born on or after January 1, 1994, one dose on or after the 1st birthday.	
* Although only 1 dose of varicella vaccine is required, all children are recommended to receive 2 doses of a varicella-containing vaccine.	
<sup>#</sup> The use of brand names does not imply endorsement of any product by the New York City Department of Health and Mental Hygiene.	

**TABLE 2. PROVISIONAL REQUIREMENTS, 2013-2014**

New students may enter school provisionally with documentation of at least the initial series of immunizations within the previous 2 months. Once students are admitted provisionally, they must complete the immunization series as follows: (1) no more than 2 months between the first and second doses, and no more than 6 months between the second and third doses of diphtheria, polio, and hepatitis B and (2) no more than 2 months between the first and second dose of a measles-containing vaccine, preferably MMR. 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 until they comply with the requirements.

<u>DAY CARE/PRE-KINDERGARTEN</u>	<u>NO. OF DOSES</u>
<b>DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis)</b> .....	1
<b>IPV (inactivated poliovirus) or OPV (oral poliovirus)</b> .....	1
<b>MMR (measles-mumps-rubella)</b> .....	1
On or after the 1st birthday.	
<b>Hib (Haemophilus influenzae type b)</b> .....	1
<b>Hepatitis B</b> .....	1
<b>Varicella</b> .....	1
On or after the 1st birthday.	
<b>Pneumococcal conjugate (PCV)</b> .....	1
For all children born on or after January 1, 2008.	

<u>KINDERGARTEN/GRADES 1-12</u>	<u>NO. OF DOSES</u>
<b>DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis)</b> .....	1
Vaccine type as appropriate for age.	
<b>Tdap</b> .....	1
For all children in 6 <sup>th</sup> through 12 <sup>th</sup> grades, born on or after January 1, 1994.	
<b>IPV or OPV</b> .....	1
<b>MMR</b> .....	1
On or after the 1st birthday.	
<b>Hepatitis B</b> .....	1
<b>Varicella</b> .....	1
For all children born on or after January 1, 1994, one dose on or after the 1st birthday.	

*For more information on immunizations or to locate a provider to vaccinate your child, call 311.*

**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.<sup>9</sup> To ensure that your patients with asthma are well managed while in school, complete a Medication Administration Form.<sup>10</sup>

a. *Rescue medications.* Ventolin<sup>®</sup> HFA inhalers are stocked at schools and will be available to students whose Medication Administration Forms 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 Medication Administration Forms indicate 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. For more information on asthma, see *City Health Information*, “Managing Asthma,” [www.nyc.gov/html/doh/downloads/pdf/chi/chi27-10.pdf](http://www.nyc.gov/html/doh/downloads/pdf/chi/chi27-10.pdf).

***Recommendations:***

1. Complete a Medication Administration Form 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 Plan<sup>11</sup> 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.**

**Vision screening:** Amblyopia is the most common cause of monocular blindness in children and young adults until middle age. Treatment is most successful when begun 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 at <http://schools.nyc.gov/Offices/Health/HearingVisionScreening/default.htm>.

***Recommendations:***

1. Conduct preschool medical evaluations to detect a 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 the 2 eyes differ by 2 lines or more) to an ophthalmologist or optometrist.
3. Ask parents of kindergartners and first graders whether 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 and teachers should 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 at <http://schools.nyc.gov/Offices/Health/SBHC/MentalHealth.htm> 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,

A handwritten signature in black ink that reads "Thomas Farley". The signature is written in a cursive style with a large, sweeping "F" and "L".

Thomas Farley, MD, MPH  
Commissioner

### **Influenza**

Influenza vaccine is recommended for all individuals aged 6 months and older. It is expected that vaccine will be distributed starting in late July or early August. 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 at [www.nyc.gov/flu](http://www.nyc.gov/flu). 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/hcp/hcp.shtml](http://www.nyc.gov/html/doh/html/hcp/hcp.shtml).

### **FITNESSGRAM**

Ask your patients and their parents to bring their NYC FITNESSGRAM report to the child's next visit. The NYC FITNESSGRAM report, distributed annually in May and June to more than 850,000 NYC public school students, includes information about the child's body mass index (BMI) for all students. For students in grades 4 through 12, the NYC FITNESSGRAM report also includes measures of muscular strength and endurance, flexibility, and aerobic capacity. Use the NYC FITNESSGRAM report during your physical examination to reinforce healthy behaviors and help patients and their families set goals to improve diet and exercise habits.

## References

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2. NYC Health Code §47.21 and §49.05.
3. NYS Public Health Law §2164.
4. 10 NYCRR Subpart §67-1.2.
5. Centers for Medicare & Medicaid Services. State Medicaid Manual. Appropriate laboratory testing. §5123.2D.
6. 10 NYCRR. Subpart §67-1.4.
7. 24 RCNY §11.09 and 11.11(d).
8. 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](http://www.cdc.gov/nceh/lead/refugee%20recommendations.pdf).
9. National Heart, Lung, and Blood Institute, National Asthma Education and Prevention Program. Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma, Summary Report, October 2007. NIH Pub. No. 08-5846. [www.nhlbi.nih.gov/guidelines/asthma/asthsumm.htm](http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.htm).
10. Medication Administration Form. <http://schools.nyc.gov/NR/rdonlyres/DC2FFC16-447B-4124-9FF6-92B735FA3ADE/0/1MAF20132014.pdf>.
11. Asthma Action Plan. [www.nyc.gov/html/doh/downloads/pdf/asthma/plan1.pdf](http://www.nyc.gov/html/doh/downloads/pdf/asthma/plan1.pdf).