<b>NYC</b> Health	Department of and Mental Hyg	giene	of Ec	artment lucation	CHILD & AE HEALTH EX	DOLES AMINA		FORM Print	Please Clearly	NYC ID (OSIS)								
	PLETED BY T	HE PA	RENT	OR GU	ARDIAN													
Child's Last Name				First Name				Middle Nam	e		Sex	□ F □ N		Date	of Birth (	Month/L	Day/Ye	ear)
Child's Address								<b>spanic/Latin</b> Yes □ No		(Check ALL that appl tive Hawaiian/Paci	<i>"</i> —				] Asian [	Blac	ck 🗆	] White
City/Borough State			Zip Code School/Cer			I/Center	Center/Camp Name				District Number			Phone Numbers				
Health insurance	Yes Parent/0	Guardian	Last Nan	10	First	Name			Em	ail					Cell			
(including Medicaid)?	? 🗆 No 🛛 🗆 Foster P	arent													Work			
	LETED BY THE	HEAL1	ГН САР	-	-													
Birth history (age 0-6)					hild/adolescent			P				Modor	ata Dara	iotont		woro Dr	roioto	at
Uncomplicated Premature: weeks gestation			Asthma <i>(check severity and attach MAF):</i> If persistent, check all current medication(s):				Intermittent     Mild Persistent       Quick Relief Medication     Inhaled Corticosteroid				Moderate Persistent     Severe Persistent     Oral Steroid     Other Controller     None							
Complicated by								Well-controlled Poorly Controlled or Not Controlled										
Allergies 🗌 None 🗌	Epi pen prescribed			Behavioral/mental health disorder				Speech, hearing, or visual impairment				Medications (attach MAF if in-school medication needed)           None         Yes (list below)						
Drugs (list)								Tuberculosis (latent infection or disease) Hospitalization										
Foods (list)				Diabetes (attach MAF)			🗆 S	Surgery										
□ Other (list)								)ther (specify) Addendum at										
	ool medications need	lad																
PHYSICAL EXAM	Date of Exa		/	General App	earance.													
			' %ile)			D Phy	sical Exa	IM WNL	••••••	••••••					•••••••••			
Height	cm			NI Abnl		NI Abn			NI Abnl		NI Abnl				NI Abnl			
Weight	kg		%ile)	-	social Development				🗌 🗌 Lymp									
BMI	kg/m²		%ile)	🗌 🗌 Langu 🗌 🗌 Behavi	•				🔲 🗌 Lung:		□ □ G □ □ Đ		-			-	-	
Head Circumference (a	age ≤2 yrs) Cn	n (	%ile)		normalities:		VOON					(u onnu	.100			1010 001		
Blood Pressure (age ≥3	3 yrs) /																	
DEVELOPMENTAL (age	e 0-6 yrs)			Nutrition						Hearing			Da	te Done	,		Re	sults
Validated Screening To	ool Used?	Date	Screened	-	Breastfed  Form			Courseled	Deferred	< 4 years: gros	s hearin	g	_	_/	_/		<i>∐Abi</i>	nl 🗌 Referred
🗆 Yes 🗆 No		/	/	≥ 1 year  Well-balanced  Needs guidance  Cou Dietary Restrictions  None  Yes (list below)							/   NI □AbnI □Refer				nl 🗌 Referred			
Screening Results:			\					-/		$\geq$ 4 yrs: pure tor	ne audior	netry		_/	_/	<i>□NI</i>		nl 🗌 Referred
Cognitive/Problem Sol	uspected/Confirmed (spected/Confirmed (spected/Confirmed (spectrum))		;) deiow):	SCREENING	G TESTS	Date Done	;	Result	s	Vision <3 years: Vision	annoard		Da	te Done	; / :	F		sults
Communication/Langu		-	or	Blood Lead	Level (BLL)	/			µg/dL	Acuity (required			nts —	/		Right		
Social-Emotional or	Other Area	a of Concerr	1:		age 1 yr and 2	'/////////_	'			and children ag				/	_/	Left		/
Personal-Social Describe Suspected D	alay or Concorn:			-	hose at risk)	/_	/		µg/dL sk <i>(do BLL)</i>	 Screened with	010							le to test
Describe Suspected D	ciay of concern.			(at each w	Assessment ell child	/	/		SK (UU DLL)	Strabismus?	alasses?						Yes Yes	□ No □ No
				exam, age	6 mo-6 yrs)			🗆 Not	at risk	Dental			÷					
						hild Care	e Only —	 	g/dL	Visible Tooth De		forrol	(noin a	walling	infontion	-)		
	5/005			Hemoglobin Hematocrit	i or	/_	/_		g/uL %	Urgent need for Dental Visit with					, וווופכנוטו	"		
Child Receives El/CPS	CIR Number		es 🗆 No		Phy	eician Co	onfirmed	History of Va							Report	only n		e immunity:
						SIGIAIT OU	Jiiiiiiieu	Thistory of val							пероп		USILIV	s minunity.
IMMUNIZATIONS – D	ATES	·····			·····		····	·····		·····					IgG 1	Titers	Date	
DTP/DTaP/DT/	////_		_//_	/	//_	/	/	/		Tdap/	_/		/	_/	Hepat			//
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Polio/	_////_		_//_	/	//_	17 / 202	-	Varicella	//_	/	_/		/	./		umps		//
Hep B/	///_		_//_	/	//_	/	Men	ing ACWY	//_	/	_/		/	_/		ibella		//
Hib/	///_		_//_	/	//_	/	-	Hep A	//_	/	_/		/	_/		icella		//
PCV/	_/ //_		_//_	/	//_	/	-	Rotavirus	//_	/	_/		/	./		olio 1		.//
Influenza/	_1111_		_//_	/	//_	/	-	Mening B	//	//	_/		/	./		olio 2 olio 3		.//
HPV/	////////	29)	_// Diagne	///////	///_ ns (list) ICD·	/ -10 Code	Other RECOI	MMENDATION	//////	ull physical activit	y		/	_/	<u> </u>	110 3		.//
							🗆 Res	strictions (spec	cify)									
							Follow	v-up Needed	🗆 No 🛛	Yes, for					Appt. da	te:	_/	/
							Referr	ral(s): 🗆 🛛	None 🗌 🛙	Early Intervention	🗆 IE	ΡĽ	] Dent	al 🗌	Vision			
Health Care Practition	er Signature						🗆 Oth	er Date Form	Completed				H PRA	CTITIO				
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	er Name and Degree (p	л III()				Pra	acuuoner	r License No.	anu State			YPE OI ommei		1: LIN	IAE CUITE		NAE	Prior Year(s)
Facility Name						Na	tional Pr	ovider Identifi	er (NPI)		Di	ate Re	viewed	:	<u>I.D.</u> N	UMBE	R	
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## 2024-25 School Year New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

## NOTES:

All children must be age-appropriately immunized to attend school in New York State. 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) <sup>2</sup>	4 doses	<b>5 doses</b> or <b>4 doses</b> if the 4th dose was received at 4 years or older or <b>3 doses</b> 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) <sup>3</sup>		Not applicable		1 dose			
Polio vaccine (IPV/OPV) <sup>4</sup>	4 doses3 dosesif the 3rd dose was received at 4 years or older						
Measles, Mumps and Rubella vaccine (MMR)⁵	1 dose	2 doses					
Hepatitis B vaccine <sup>6</sup>	<b>s</b> combivax) for children who received en the ages of 11 through 15 years						
Varicella (Chickenpox) vaccine <sup>7</sup>	1 dose	2 doses					
Meningococcal conjugate vaccine (MenACWY) <sup>8</sup>		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) <sup>9</sup>	1 to 4 doses	Not applicable					
Pneumococcal Conjugate vaccine (PCV) <sup>10</sup>	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 10: 10 years; minimum age for grades 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 2024-25, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 10; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 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 New York State 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

- 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 11: 10 years; minimum age for grade 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.
  - For further information, refer to the CDC Catch-Up Guidance for Healthy f. Children 4 Months through 4 Years of Age.

- b. Measles: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
- c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
- d. Rubella: At least one dose is required for all grades (pre-kindergarten through 12).

For further information, contact:

**New York State Department of Health Division of Vaccine Excellence** Room 649, Corning Tower ESP Albany, NY 12237 (518) 473-4437

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

New York State Department of Health/Division of Vaccine Excellence health.ny.gov/immunization