



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,<sup>1</sup> immunizations, and screenings. The NYC Health Department no longer requires that new entrants to secondary schools undergo testing for latent tuberculosis (TB) infection (Mantoux Tuberculin Skin Test or blood-based test) unless they have risk factors for latent TB infection or active TB disease. See **Tuberculosis screening** section below for more details.

### **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>

A new electronic Child & Adolescent Health Examination Form (CH205) that allows users to save, retrieve, and update health data is available through the Citywide Immunization Registry. When you access the CH205, immunization and lead information already in the Citywide Immunization Registry will automatically appear in the form. Completed forms can be printed or automatically faxed to schools, camps, and day care facilities. The Health Department strongly encourages you to use this new version of the CH205 form, as it makes updating the record and completion of a subsequent form more efficient. If you are not already using the Citywide Immunization Registry, go to [www.nyc.gov/health/cir](http://www.nyc.gov/health/cir) and click on the blue “For Providers” button. Blank CH205 forms can still be downloaded from [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 cannot be completed online and saved for future use.

The medical information provided on the CH205 form is essential for determining whether students are free from potential communicable diseases (e.g., vaccine-preventable illnesses), have hearing or vision problems that may affect their ability to progress academically (e.g., 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 (e.g., diabetes).

All students who need to take medications (e.g., 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/AF5444D9-25DC-4A5F-918E-7E872F646C89/0/MAF1213.pdf>. 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: Effective June 12, 2012, 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 attached 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 <http://www.nyc.gov/health/tb> or call 311 to speak to a health care provider.

**TABLE 1. FULL IMMUNIZATION COMPLIANCE, 2012-2013**

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.

DAY CARE/PREKINDERGARTEN	NO. OF DOSES	GRADES 1-12	NO. OF DOSES
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis).....4 <i>Fourth dose should be at least 6 months after the 3rd dose</i>		DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis).....3 <i>Vaccine type as age-appropriate</i>	
IPV (inactivated poliovirus) or OPV (oral poliovirus).....3		Tdap (effective September 1, 2007).....1 <i>For all children in 6th, 7th, 8th, 9th, 10th, or 11th grades, born on or after January 1, 1994</i>	
MMR (measles-mumps-rubella).....1 <i>On or after the 1st birthday</i>		IPV or OPV.....3	
Hib ( <i>Haemophilus influenzae</i> type b).....1, 2, or 3 <i>One dose at or after age 15 months. If younger than 15 months, 3 doses are required, as age-appropriate</i>		MMR.....2 <i>One dose on or after the 1st birthday, plus a 2nd dose of a measles-containing vaccine (preferably as MMR) administered 28 days or more after the 1st dose</i>	
Hepatitis B.....3		Hepatitis B.....2 or 3 <i>All students in all grades 3 doses of pediatric hepatitis B vaccine or for ages 11-15 only, 2 doses, at least 4 months apart, of the Merck Recombivax HB<sup>®b</sup> adult vaccine. Documentation must clearly specify vaccine type and dose given</i>	
Varicella.....1 <sup>a</sup> <i>On or after the 1st birthday</i>		Varicella (Grades 1-12).....1 <sup>a</sup> <i>For children born on or after January 1, 1994, 1 dose on or after the 1st birthday</i>	
Pneumococcal conjugate (PCV).....1, 2, or 3 <i>For all children born on or after January 1, 2008, as age-appropriate</i>			
<b>KINDERGARTEN</b>			
DTaP or DTP.....4 <i>Fourth dose should be at least 6 months after the 3rd dose</i>			
IPV or OPV.....3			
MMR.....2 <i>One dose on or after the 1st birthday, plus a 2nd dose of a measles-containing vaccine (preferably as MMR) administered at least 28 days after the 1st dose</i>			
Hepatitis B.....3			
Varicella.....1 <sup>a</sup> <i>On or after the 1st birthday</i>			

<sup>a</sup> Although only 1 dose of vaccine is required, the recommendation is for all children to receive 2 doses of varicella-containing vaccine.

<sup>b</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, 2012-2013**

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 1st and 2nd doses, and no more than 6 months between the 2nd and 3rd doses of polio, hepatitis B, and tetanus-diphtheria-containing vaccines; and (2) no more than 2 months between the 1st and 2nd doses 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.

DAY CARE/PREKINDERGARTEN	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	<i>Vaccine type as age-appropriate</i>	
MMR (measles-mumps-rubella).....	1	Tdap (effective September 1, 2007).....	1
<i>On or after the 1st birthday</i>		<i>For all children in 6th, 7th, 8th, 9th, 10th, or 11th grades, born on or after January 1, 1994</i>	
Hib ( <i>Haemophilus influenzae</i> type B).....	1	IPV or OPV.....	1
Hepatitis B.....	1	MMR.....	1
Varicella.....	1	<i>On or after the 1st birthday</i>	
Pneumococcal conjugate (PCV).....	1	Hepatitis B.....	1
<i>For all children born on or after January 1, 2008</i>		Varicella (Grades K-12).....	1
		<i>For children through and including 12th grade, born on or after January 1, 1994, 1 dose on or after the 1st birthday</i>	

### 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, 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,” <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.
4. Review asthma triggers and develop an individual trigger-avoidance plan.
5. **Administer an inactivated influenza vaccination (flu shot) for 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 Department of Health Vision Screening Program conducts vision screenings for amblyopia in prekindergarten, kindergarten, and first-grade students in public and nonpublic schools. For more information, visit the Office of School Health’s Web site 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 Web site at <http://schools.nyc.gov/Offices/Health/SBHC/MentalHealth.htm> for information about the Office of School Health's School-Based Mental Health Program. A list of schools that currently offer these services is available at the bottom of the Web page.

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

Sincerely,



Thomas Farley, MD, MPH  
Commissioner

### **Influenza**

Influenza vaccine is recommended for all individuals aged 6 months and older. Vaccine is already available, and it is not too early to vaccinate your patients. The New York City 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).

### **CHI Goes Paperless**

The New York City Department of Health and Mental Hygiene is pleased to announce that *City Health Information* is now a paperless publication, reformatted for electronic distribution and available only by subscription or at [www.nyc.gov/health](http://www.nyc.gov/health). Subscribe today at [www.nyc.gov/health/chi](http://www.nyc.gov/health/chi).

### **References**

1. New York City Department of Health and Mental Hygiene. September 2012 Medical Requirements for New School Entrants. [www.nyc.gov/html/doh/downloads/pdf/scah/scah-med-req.pdf](http://www.nyc.gov/html/doh/downloads/pdf/scah/scah-med-req.pdf).
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/AF5444D9-25DC-4A5F-918E-7E872F646C89/0/MAF1213.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).