



City Health Information

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The New York City Department of Health and Mental Hygiene

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BACK TO SCHOOL: SCHOOL-BASED SERVICES AND ADMISSION REQUIREMENTS

School settings provide an important opportunity to promote preventive health services.

- **Take advantage of school-based services such as Managing Asthma in Schools, Vision and Hearing Screening, and NYC FITNESSGRAM®.**
- **Ensure that pediatric patients meet school entrance requirements, including medical evaluations, immunizations, and screenings.**

SCHOOL-BASED SERVICES

In partnership with the Department of Education and community providers, the New York City Department of Health and Mental Hygiene (DOHMH) offers several important preventive health services to schoolchildren.

Managing Asthma in Schools

Children with persistent asthma need a treatment plan in the event of asthma exacerbations while in school. *Managing Asthma in Schools* is an initiative to improve asthma outcomes in schools by providing health education, staff development, and medication services. Program goals include:

- Fewer school absences.
- Fewer asthma-related visits to school medical rooms and hospital emergency departments.
- Greater participation in school physical fitness activities.

Managing Asthma in Schools depends on the successful partnering of school nurses and physicians with community providers. The DOHMH relies on providers to alert us to their patients with asthma through the completion of the Medical Administration Form and an asthma treatment plan. We review every asthma treatment plan to ensure that the indicated severity level is consistent with a child's symptoms and experience, and we help children learn how to properly use inhalers and spacers. For example, students with asthma in grades 3 through 5 are enrolled

in Open Airways, an evidence-based asthma management curriculum.

Our school nurses and physicians will help you follow national treatment guidelines for taking care of school-aged children with asthma and will:

- Work with you to ensure that every child with persistent asthma is being managed with preventive medications, preferably an inhaled corticosteroid (see **Resources**).



- Assist you in better implementing national treatment guidelines in your practice.
- Alert you when a child has frequent unscheduled visits to the school medical room with asthma symptoms or is excessively absent from school.
- Assist you in completing the Medication Administration Form so your patient can take preventive or rescue asthma medication at school (see **School Forms, Administration of medication at school**).

Vision and Hearing Screening

The NYC DOHMH Vision and Hearing Screening Program identifies and addresses vision and hearing problems in young, school-aged children. Of particular concern is the need to screen, diagnose, and treat amblyopia in early childhood — before vision loss is irreversible. Teams conduct screenings for kindergartners, first graders, and new students in public elementary schools — and when requested, in non-public schools. When a vision or hearing deficit is detected, parents/caregivers are contacted and urged to have the child fully evaluated by the child's doctor or specialist.

To complement these services, the DOHMH recommends that all pediatricians:

- Conduct pre-school medical evaluations that include eye exams adequate to detect a risk for amblyopia, (i.e., take a visual acuity measurement in each eye and perform a fusion test).
- Refer children at risk for amblyopia to an ophthalmologist or optometrist.

- 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 has been obtained.
- Stress to parents that if eyeglasses have been prescribed for their child, yearly appointments with an eye doctor are recommended and teachers should be informed that the child wears glasses.

NYC FITNESSGRAM®

NYC FITNESSGRAM® is a new tool used by physical education instructors to track the fitness of NYC students. Five components of fitness are evaluated: aerobic capacity, muscular strength, muscular endurance, flexibility, and body mass index. An NYC FITNESSGRAM® report, which documents the test results and provides suggestions on how to improve performance, is provided to both the student and to parents.

Parents may show their child's NYC FITNESSGRAM® report to you and seek advice. In counseling patients and their parents, the DOHMH encourages clinicians to recommend healthy lifestyle strategies:

- Limit TV and computer games to no more than 1 hour per day.
- Drink water or low-fat milk instead of sugar-sweetened soft drinks.
- Reduce portion sizes.
- Encourage physical activity for at least 60 minutes every day.

See **Resources** for more information on diet, physical activity, and maintaining a healthy weight.

SCHOOL ADMISSION REQUIREMENTS

Medical Evaluation

City and state laws require that all new students in NYC schools — day care, nursery, pre-school/pre-kindergarten, and kindergarten through 12th grade — show proof of having received a complete medical evaluation.¹ (Children who transfer from one NYC public school to another or who graduate from one and go to another are usually not considered “new” students.)

- **Children entering day care, nursery school, or pre-school/pre-kindergarten** must have a complete age-appropriate medical examination. The exam must include a medical history, physical examination, nutritional and developmental assessment, and, as



appropriate, screening for anemia, dental health, vision, and hearing. Lead exposure should be assessed annually until 6 years of age, and there must be documentation that the child has had one blood lead test, venous preferred.²

- **Children entering kindergarten through 12th grade** should have a medical evaluation consistent with current recommendations for preventive pediatric health care issued by the American Academy of Pediatrics.³
- **A Mantoux tuberculin skin test is needed only by students newly entering the school system in secondary school** (intermediate, junior high, middle school, and high school) — and only if they have never attended NYC schools.⁴
- **Immunization requirements must also be met.**⁵ See **Tables 2 and 3** for provisional and full immunization compliance.

Hepatitis B Vaccine

All students must have a full series of hepatitis B vaccine to comply with New York State law. Generally, hepatitis B vaccine is given as a 3-dose series. For adolescents aged 11 to 15 years only, the FDA has approved a 2-dose series using the adult formulation (1.0 ml) of Merck Recombivax HB®.*

Documentation provided by the physician to the child and the school (e.g., Immunization Card, Lifetime Health Record) must clearly indicate “adult formulation, 1.0 ml, Merck” or “Recombivax HB®, 1.0 ml” to distinguish the approved adult vaccination from the pediatric series.

3-dose pediatric series:

- There must be at least 4 months (112 days) between the 1st and 3rd doses.
- The minimum acceptable interval between the 1st and 2nd doses is 28 days.
- The minimum acceptable interval between the 2nd and 3rd doses is 56 days.
- The final dose must be given no earlier than age 24 weeks.

2-dose adolescent series:

- The minimum acceptable interval between doses is about 4 months (112 days).
- Both doses must be given as the Merck adult formulation. (A child who receives 1 adult and 1 pediatric dose would still need a 3rd dose of hepatitis B vaccine.)

All series:

- When more than the recommended interval between doses has elapsed, simply complete the remaining dose(s) — there is no need to restart the series.
- Non-vaccination is accepted only with valid contraindications.
- Children can be successfully immunized even if they have a minor illness, such as an upper respiratory infection.

Varicella Vaccine

All children at least 12 months old must be immunized against varicella to attend any child care, day care, nursery school, preschool, or pre-kindergarten program.

- All children born on or after January 1, 1998, must be immunized against varicella to attend kindergarten, 1st, 2nd, 3rd, or 4th grade.
- In this school year (2006-2007), students born on or after January 1, 1994, who enroll in the 6th or 7th grade must be immunized against varicella.
- Any student who transfers into the 6th or 7th grade in New York State from another state or country must be immunized against varicella to enter school.
- A history of varicella disease documented by a health care provider is acceptable for school entry in lieu of immunization. While serologic proof of immunity to varicella is also acceptable for school entry, results are less reliable after vaccination than after natural infection. Serologic tests to determine immunity after vaccination are not recommended.

* *The use of brand names does not imply endorsement of any product by the New York City Department of Health and Mental Hygiene.*



TABLE 1. INTERPRETATION OF TUBERCULIN SKIN TEST RESULTS

The following measurements of induration are classified as positive, based on individual risk factors:

≥ 5 mm for:

- People with HIV infection
- Recent contacts of people with active TB
- People with evidence of old, healed TB lesions on chest x-rays
- People with organ transplants and other immunosuppressed people
- People receiving prolonged corticosteroid therapy (the equivalent of >15 mg/day of prednisone for one month or more) and TNF- α blockers

≥ 10 mm for:

- People who have immigrated within the past 5 years from areas with high rates of TB*
- People who live or work in institutional settings, such as homeless shelters, where exposure to TB may be likely
- People with clinical conditions associated with increased risk of progression to active TB, including chronic renal failure, diabetes, weight more than 10% below ideal, certain cancers (such as carcinoma of the head or neck, leukemias, and lymphomas)
- Children < 5 years of age, or children or adolescents exposed to adults in high-risk categories (e.g., recent immigrants from countries with high rates of TB*, homeless or incarcerated people, illicit drug users)
- People with prolonged stays in areas with high TB rates

≥ 15 mm for:

- People at low risk for TB disease for whom testing is not generally indicated

* Countries/Areas with an Estimated or Reported High Incidence of TB, 2004⁶

Africa — All countries except Seychelles; **Eastern Mediterranean** — Afghanistan, Bahrain, Djibouti, Egypt, Iraq, Morocco, Pakistan, Qatar, Somalia, Sudan, Yemen; **Europe** — Armenia, Azerbaijan, Belarus, Bosnia & Herzegovina, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, Romania, Russian Federation, Tajikistan, Turkmenistan, Ukraine, Uzbekistan; **North, Central and South America** — Belize, Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname; **Southeast Asia** — Bangladesh, Bhutan, India, Indonesia, Korea DPR (North), Maldives, Myanmar (formerly Burma), Nepal, Sri Lanka, Thailand, Timor-Leste; **Western Pacific** — Brunei Darussalam, Cambodia, China (including Hong Kong), Guam, Kiribati, Lao PDR (Laos), Macao (China), Malaysia, Marshall Islands, Micronesia, Mongolia, New Caledonia, Northern Mariana Islands, Palau, Papua New Guinea, Philippines, Solomon Islands, South Korea, Vanuatu, Vietnam

For detailed information on the testing and treatment of latent TB infection in children and adults, see:

www.nyc.gov/html/doh/downloads/pdf/tb/ltbi_guidelines.pdf.

TABLE 2. IMMUNIZATION REQUIREMENTS: PROVISIONAL COMPLIANCE

DAY CARE / PRE-KINDERGARTEN	DOSES	KINDERGARTEN / GRADES 1-12	DOSES
DTaP (diphtheria–tetanus–acellular pertussis), or DTP (diphtheria–tetanus–pertussis)	1	DTaP, DTP, Td (tetanus-diphtheria), or Tdap (tetanus-diphtheria-acellular pertussis)	1
OPV (oral poliovirus) or IPV (inactivated poliovirus)	1	<i>Vaccine type as appropriate for age</i>	
MMR (measles–mumps–rubella) <i>On or after the 1st birthday</i>	1	OPV or IPV	1
Hib (<i>Haemophilus influenzae</i> type b)	1	MMR	1
Hepatitis B	1	Hepatitis B	1
Varicella <i>On or after the 1st birthday</i>	1	Varicella	1
		<i>On or after the 1st birthday for children born on or after January 1, 1998, and for children born on or after January 1, 1994, enrolling in the 6th or 7th grade</i>	

New students may be admitted provisionally by meeting the requirements within the previous 2 months. Once admitted provisionally, adherence to the following schedule is required; otherwise, exclusion from school is mandated:

- **Diphtheria, polio, and hepatitis B vaccines:**
No more than 2 months between the 1st and 2nd doses, and no more than 6 months between the 2nd and 3rd doses
- **Measles-containing vaccine (preferably MMR):**
No more than 2 months between the 1st and 2nd doses

TABLE 3. IMMUNIZATION REQUIREMENTS: FULL COMPLIANCE**DAY CARE / PRE-KINDERGARTEN DOSES**

DTaP (diphtheria–tetanus–acellular pertussis) or DTP (diphtheria–tetanus–pertussis) 4
Fourth dose should be at least 6 months after the 3rd

OPV (oral poliovirus) or IPV (inactivated poliovirus) 3

MMR (measles–mumps–rubella) 1
On or after the 1st birthday

Hib (*Haemophilus influenzae* type b) 1, 2, or 3
One dose at or after age 15 months
If younger than 15 months, 3 doses required, as age appropriate

Hepatitis B 3

Varicella 1
On or after the 1st birthday

KINDERGARTEN

DTaP or DTP 4
Fourth dose should be at least 6 months after the 3rd

OPV or IPV 3

MMR 2
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 and at or after 15 months of age

Hepatitis B 3

Varicella 1
On or after the 1st birthday

GRADES 1-12 DOSES

DTaP, DTP, DT, Td (tetanus-diphtheria) or Tdap tetanus-diphtheria-acellular pertussis) 3
Vaccine type as appropriate for age

OPV or IPV 3

MMR 2
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 and at or after age 15 months

Hepatitis B full series
All students in all grades 3 doses pediatric vaccine, or for ages 11–15 years only, 2 doses adult Recombivax HB® vaccine (See Hepatitis B recommendations, p. 44)

Varicella Grades 1, 2, and 3 1
For all children born on or after January 1, 1998, one dose on or after 1st birthday (including 4th graders born on or after this date)

Grades 6 and 7 1 or 2
For all children born on or after January 1, 1994, 2 doses separated by at least 28 days for those immunized at age 13 or older



* The use of brand names does not imply endorsement of any product by the New York City Department of Health and Mental Hygiene.

**REFERENCES**

1. New York City Health Code §47.21 and 49.05
2. 10 NYCRR §67-1.4
3. Committee on Practice and Ambulatory Medicine. Recommendations for preventive pediatric health (RE9535). *Pediatrics*. 2000;105:645-646.
4. New York City Health Code §49.06
5. New York State Public Health Law §2164
6. World Health Organization. Global Tuberculosis Control-Surveillance, Planning, Financing: WHO Report 2006. Geneva, World Health Organization (WHO/HTM/TB/2006.362). www.who.int/tb/publications/global_report.pdf.

SCHOOL FORMS

Newly entering daycare, pre-K, and grades K-12

- School Health New Admission Examination Form (Form 211S)
For children entering kindergarten (even if they have attended pre-kindergarten)
For new students entering grades 1–12
For students who have been schooled outside of NYC for at least 1 year
Downloadable form with **patient-specific immunizations already entered can** be accessed at:
www.nyc.gov/health/cir
Downloadable **blank** form can be found at:
www.nyc.gov/html.doh.downloads/pdf/scah/scah-211s.pdf

Continuing attendance at day care and pre-K

- Day Care Program Periodic Exam Follow-Up Record (Form 318KA)
To obtain this form, call 311.
- Day Care Program New Admission Record (Form 318KA-1)
For first-time attendees of day care and pre-kindergarten
To obtain this form, call 311.

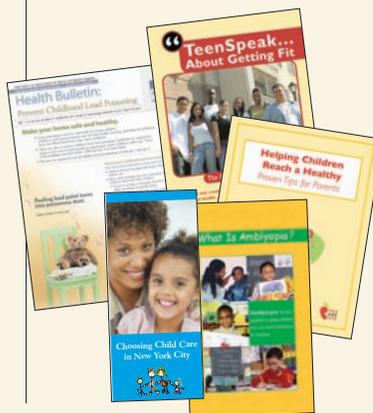
Administration of medication at school

- Multi-Use Medication Form
Downloadable form can be found at:
www.nycenet.edu/Parents/Essentials/Health/SetForms/default.htm

RESOURCES

- **Office of School Health:**
www.nyc.gov/html/doh/html/scah/scah.shtml
- **Childhood Asthma Initiative**
www.nyc.gov/html/doh/html/asthma/asthma.shtml
- **Bureau of Immunization**
www.nyc.gov/html/doh/html/imm/imm.shtml
- **TB Centers**
www.nyc.gov/html/doh/html/tb/tbcc.shtml
- **Bureau of Day Care**
www.nyc.gov/html/doh/html/dc/dc.shtml
- **Lead Poisoning Prevention Program**
www.nyc.gov/html/doh/html/lead/lead.shtml
- **Citywide Immunization Registry**
www.nyc.gov/health/cir or call (212) 676-2323

PATIENT EDUCATION MATERIALS



Call 311 for

- **Health Bulletins**
Ask for "Back to School" and "Prevent Childhood Lead Poisoning"
- **TeenSpeak... About Getting Fit**
- **Helping Children Reach a Healthy Weight**
- **What Is Amblyopia?**
- **Choosing Child Care in New York City:** What Every parent Needs to Know and What the Law Requires

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