



City Health Information

June 2007

The New York City Department of Health and Mental Hygiene

Vol. 26(5): 31-36

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 asthma management, vision and hearing screening, and dental services.
- 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 a DOHMH initiative to improve asthma outcomes by providing health education, staff development, and medication services.

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 Medication Administration Form or an asthma action plan. We assess every order 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. 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 partner with you to increase the number of children with asthma whose treatment is consistent with national guidelines. We can:

- Work with you to ensure that every child with persistent asthma is being managed with preventive medications, preferably an inhaled corticosteroid (**Resources**);
- Assist you with tools to improve asthma care 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 asthma medications at school, if needed (**Forms**, page 36).



Vision and Hearing Screening

The 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 a 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.

Dental Services

The DOHMH Oral Health Program provides dental services in more than 60 public schools, as well as at DOHMH health centers in Manhattan (Washington Heights, Chelsea), Brooklyn (Fort Greene, Bushwick), and Queens (Corona). We serve all children, particularly those who lack dental insurance.

Early tooth loss caused by dental decay can result in impaired speech development, school absences, inability to concentrate in school, and reduced self-esteem.¹

Dental services offered in our centers include examinations, x-rays, cleanings, fillings, and the application of dental sealants. Dental consent forms are available at DOHMH health centers and school-based dental clinics. For information, call 311.

DOHMH recommends that all pediatricians:

- Stress to parents the link between good oral hygiene and good physical health;
- Ask all families if they have access to dental care;
- Advise parents who are without dental insurance to call 311 for the location of a DOHMH dental clinic or participating school.

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 within the previous 12 months.² (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, and nutritional and developmental assessments. When appropriate, the exam should also include 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, preferably venous.³

- **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.⁴ The guidelines are available at: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;105/3/645.pdf>.
- **A tuberculosis (TB) 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.⁵ Either a Mantoux tuberculin skin test or a blood-based test may be performed (Table 1).
- **Immunization requirements must also be met.**⁶ See Tables 2 and 3 for provisional and full compliance requirements.

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 this 2-dose series from the 3-dose series.

3-dose 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.

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

2-dose series for adolescents aged 11–15:

- The minimum acceptable interval between doses is 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 age-appropriate hepatitis B vaccine.

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 prekindergarten program.

- All children born on or after January 1, 1998, must be immunized against varicella to attend kindergarten, 1st, 2nd, 3rd, 4th, or 5th grade (if born on or after this date).
- In this school year (2007–2008), students born on or after January 1, 1994, who enroll in the 6th, 7th, or 8th grade must be immunized against varicella.
- Any student who transfers into the 6th, 7th, or 8th grade in New York State from another state or country must be immunized against varicella to enter school.

TABLE 1. INTERPRETATION OF TUBERCULIN SKIN TEST RESULTS

The reaction to tuberculin skin test (TST) is classified as positive based on the individual's risk factor(s) and the following size of induration:

≥ 5 mm for:

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

≥ 10 mm for:

- Children and adolescents who have immigrated within the past 5 years from areas with high rates of TB.*
- Children and adolescents who live in institutional settings, such as homeless shelters, where exposure to TB may be likely.
- Children and adolescents 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).
- Children and adolescents with prolonged stays in areas with high TB rates.

≥ 15 mm for:

- Children and adolescents at low risk for TB, for whom testing is not generally indicated.

* Countries/Areas with an Estimated or Reported High Incidence of TB, 2004⁷

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, Brasil, 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/chi/chi25-4.pdf.

TABLE 2. IMMUNIZATION REQUIREMENTS: PROVISIONAL COMPLIANCE

| DAY CARE/PREKINDERGARTEN | 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) <i>Vaccine type as appropriate for age.</i> | 1 |
| OPV (oral poliovirus) or IPV (inactivated poliovirus) | 1 | Tdap (effective September 1, 2007)* <i>For all children born on or after January 1, 1994, and entering 6th grade.</i> | 1 |
| 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 (Grades K, 1, 2, 3, 4, 6, 7, 8) <i>On or after the 1st birthday for children born on or after January 1, 1998 (including 5th graders born on or after this date), and for children born on or after January 1, 1994, enrolling in the 6th, 7th, or 8th grade.</i> | 1 |
| Pneumococcal conjugate (PCV) <i>For all children born on or after January 1, 2008.</i> | 1 | | |

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.

* If the interval since the last tetanus-containing vaccine (Td) administered is less than 2 years, Tdap is deferred until 2 years have elapsed; it is then required.

- 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.
- Although not currently required for school, the Advisory Committee on Immunization Practices (ACIP) now recommends two doses of varicella-containing vaccine for all persons who receive vaccine; children who have received only one dose of vaccine should receive a second dose.

Tetanus-Diphtheria-Acellular Pertussis Vaccine

Effective September 1, 2007, New York State law requires that all children born on or after January 1, 1994, and entering, repeating, or transferring into 6th grade must have a dose of tetanus-diphtheria-acellular pertussis (Tdap) vaccine if it has been at least 2 years since their last tetanus-containing vaccine. Students who have had a dose of tetanus-containing vaccine within the past 2 years must receive Tdap when 2 years have passed or they will be excluded from school.

Two Tdap vaccines are available. ADACEL® (sanofi pasteur) is licensed for use in people ages 11–65 years, and BOOSTRIX® (GlaxoSmithKline) is licensed for people 10–18 years of age. Ten-year-olds entering 6th grade can either receive BOOSTRIX, or delay vaccination until age 11 when they can receive either vaccine. These children will not be excluded from school during this period, but must receive Tdap once they turn 11 years of age.

Pneumococcal Conjugate Vaccine

Pneumococcal conjugate vaccine will be required for all children born on or after January 1, 2008, who are enrolled in an infant-care program.

For All Vaccine 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 medical contraindications, and on a vaccine-by-vaccine basis.
- Children can be successfully immunized even if they have a minor illness, such as an upper respiratory infection. ◆

TABLE 3. IMMUNIZATION REQUIREMENTS: FULL COMPLIANCE

| DAY CARE/PRE-KINDERGARTEN | DOSES | GRADES 1-12 | DOSES |
|--|--------------|---|--------------|
| DTaP (diphtheria–tetanus–acellular pertussis) or DTP (diphtheria–tetanus–pertussis) <i>Fourth dose should be at least 6 months after the 3rd.</i> | 4 | DTaP, DTP, DT, Td (tetanus-diphtheria) or Tdap (tetanus-diphtheria-acellular pertussis) <i>Vaccine type as appropriate for age.</i> | 3 |
| OPV (oral poliovirus) or IPV (inactivated poliovirus) | 3 | Tdap (effective September 1, 2007) <i>For all children born on or after January 1, 1994, upon entering 6th grade.</i> | 1* |
| MMR (measles–mumps–rubella) <i>On or after the 1st birthday.</i> | 1 | OPV or IPV | 3 |
| Hib (<i>Haemophilus influenzae</i> type b) <i>One dose at or after age 15 months. If younger than 15 months, 3 doses required as age appropriate.</i> | 1, 2, or 3 | MMR <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 and at or after age 15 months.</i> | 2 |
| Hepatitis B | 3 | Hepatitis B <i>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. 33).</i> | full series |
| Varicella <i>On or after the 1st birthday.</i> | 1 | Varicella Grades 1, 2, 3, and 4 <i>For all children born on or after January 1, 1998, one dose on or after the 1st birthday (including 5th graders born on or after this date).</i> | 1† |
| Pneumococcal conjugate (PCV) <i>For all children born on or after January 1, 2008.</i> | 1, 2, or 3 | Grades 6, 7, and 8 <i>For all children born on or after January 1, 1994, 1 dose on or after the 1st birthday; for those immunized at age 13 or older, 2 doses separated by at least 28 days.</i> | 1† |
| KINDERGARTEN | | | |
| DTaP or DTP <i>Fourth dose should be at least 6 months after the 3rd.</i> | 4 | | |
| OPV or IPV | 3 | | |
| MMR <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 and at or after 15 months of age.</i> | 2 | | |
| Hepatitis B | 3 | | |
| Varicella <i>On or after the 1st birthday.</i> | 1† | | |

*If the interval since the last tetanus-containing vaccine (Td) administered is less than 2 years, Tdap is deferred until 2 years have elapsed; then it is required.

†Although only 1 dose of vaccine is required for children who receive the vaccine before age 13, the recommendation is for all children to receive 2 doses of varicella-containing vaccine.

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



REFERENCES

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3. 10 NYCRR §67-1.4.
4. Committee on Practice and Ambulatory Medicine. Recommendations for preventive pediatric health (RE9535). *Pediatrics*. 2000;105:645-646.
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6. New York State Public Health Law §2164.
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FORMS

School Health New Admission Examination 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.

A downloadable, **pre-completed** 211S with immunization and lead test results already entered can be created by the **Citywide Immunization Registry** (CIR). Go to www.nyc.gov/health/cir.

A downloadable, **blank** form can be found at: www.nyc.gov/html/doh/downloads/pdf/scah/scah-211s.pdf.

Day Care Program New Admission Record (318KA-1)

- For first-time attendees of day care and pre-kindergarten.
- A downloadable, **pre-completed** 318KA-1 with immunization and lead test results already entered can be created by the **Citywide Immunization Registry** (CIR). Go to www.nyc.gov/health/cir. To obtain a **blank** form, call 311.

Day Care Program Periodic Exam Follow-Up Record (318KA)

A downloadable, **pre-completed** 318KA with immunization and lead test results already entered can be created by the **Citywide Immunization Registry** (CIR). Go to www.nyc.gov/health/cir. To obtain a **blank** form, call 311.

Medication Administration Form

A downloadable form can be found at: <http://schools.nyc.gov/Parents/Essentials/Health/SeForms/default.htm>.

Dental Consent Form

For information, call 311.

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
- **Oral Health Program**
www.nyc.gov/health/teeth

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
- **Keep Your Child's Smile Healthy! Prevent Cavities With Dental Sealants and Everyday Care**

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DOHMH JOB OPENINGS: We seek doctors, nurses, administrators, social workers, and other public health professionals. Visit www.nyc.gov/health/careers to view openings.



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CNE Activity Back To School: School-Based Services and Admission Requirements

1. All of the following are true about school-based services EXCEPT:

- A. Managing Asthma in Schools is an initiative to improve asthma outcomes by providing health education, staff development, and medication services.
- B. Vision and Hearing Screening Program teams conduct screenings for kindergartners, first graders, second graders, and new students in public elementary schools and, when requested, in non-public schools.
- C. Dental services offered by the Oral Health Program include examinations, x-rays, cleanings, fillings, and the application of dental sealants.
- D. A major concern of the Vision and Hearing Screening Program is the need to screen, diagnose and treat amblyopia in early childhood, before vision loss is irreversible.

2. Community health care providers can complement school-based services through all of the following EXCEPT:

- A. Conducting pre-school medical evaluations that include eye exams adequate to detect a risk for amblyopia.
- B. Advising parents who are without dental insurance to call 311 for the location of DOHMH dental clinics or participating schools.
- C. Working closely with school-based health care providers to determine if asthma medication orders (dosage and frequency) are consistent with the severity level of a child's symptoms and experience.
- D. Providing a tuberculosis (TB) test to children entering public elementary schools

3. Which of the following student(s) met the school admission requirements for tuberculosis (TB) testing?

- A. A student from Ecuador entering into 7th grade in the NYC school system for the first time, tested with the Mantoux tuberculin skin test.
- B. An 8th grade student, new to the NYC school system, who received a blood-based TB test.
- C. A previously home-schooled student entering the NYC school system as a 6th grader who took a Mantoux tuberculin skin test.
- D. All of the above.

4. Who among these students is not in full compliance with the varicella immunization requirements?

- A. A 1st grade student with 2 doses of varicella vaccine.
- B. A 13-year old student who received varicella vaccine on April 30, 2007.
- C. An 8th grader born on January 1, 1994, who received varicella vaccine on April 10, 2007, and on May 10, 2007.
- D. A 6th grade student who received 1 dose of varicella vaccine at age 11.

5. Which one of the following statements is FALSE?

- A. Although only 1 dose of varicella vaccine is required for children up to age 12, the recommendation is for these children to receive 2 doses of varicella-containing vaccine.
- B. Pneumococcal conjugate vaccine will be required for all children born on or after January 1, 2008, when enrolled in an infant-care program.
- C. Serologic test results for varicella are more reliable after vaccination than after natural infection.
- D. Children 10 years old entering 6th grade can delay Tdap vaccination until age 11, when they can receive either brand of the 2 Tdap vaccines. They will not be excluded from school during this period.

6. How well did this continuing education activity achieve its educational objectives?

- A. Very well B. Adequately C. Poorly

PLEASE PRINT LEGIBLY.

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Continuing Education Activity

This issue of *City Health Information*, including the continuing education activity, can be downloaded from the publications section at nyc.gov/health. To access *City Health Information* and Continuing Medical Education online, visit www.nyc.gov/html/doh/html/chi/chi.shtml.

Instructions

Read this issue of *City Health Information* for the correct answers to questions. To receive continuing education credit, you must answer 4 of the first 5 questions correctly.

To Submit by Mail

1. Complete all information on the response card, including your name, degree, mailing address, telephone number, and e-mail address. **PLEASE PRINT LEGIBLY.**
2. Select your answers to the questions and check the corresponding boxes on the response card.
3. Return the response card (or a photocopy) postmarked **no later than June 30, 2008**. Mail to:

CME Administrator, NYC Dept. of Health and Mental Hygiene,
2 Lafayette, CN-65, New York, NY 10277-1632.

To Submit Online

Visit www.nyc.gov/html/doh/html/chi/chi.shtml to submit a continuing education test online. Once logged into NYC MED, use the navigation menu in the left column to access this issue of *City Health Information*. Your responses will be graded immediately, and you can print out your certificate.

Continuing Education Activity

Back To School: School-Based Services and Admission Requirements

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HEALTH AND MENTAL HYGIENE
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CITY HEALTH INFORMATION

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Objectives

At the conclusion of the activity, the participants should be able to:

1. Understand key components of school-based services.
2. Identify ways that community healthcare providers can partner with school-based services in promoting preventive health services for the pediatric population.
3. Identify and apply recent clinical updates to ensure pediatric clients meet school admission requirements

Accreditation

New York City Department of Health and Mental Hygiene is an approved provider of continuing nursing education by the New York State Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This CNE activity has been approved for 1.25 contact hours.

Participants are required to submit name, address, and professional degree. This information will be maintained in the Department's Continuing Education Program database. If you request, the Continuing Education Program will verify your participation and whether you passed the exam.

We will *not* share information with other organizations without your permission, except in certain emergencies when communication with health care providers is deemed by the public health agencies to be essential or when required by law. Participants who provide e-mail addresses may receive electronic announcements from the Department about future continuing education activities as well as other public health information.

Participants must submit the accompanying exam by June 30, 2008.

CNE Activity Faculty:

Roger Platt, MD; Eric Chong, RN, L.Ac., MOM
(CNE Provider Unit); Christine Edillon, RN, BSN

All faculty are affiliated with the New York City DOHMH, Division of Health Promotion and Disease Prevention.

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