



# City Health Information

July/August 2008

The New York City Department of Health and Mental Hygiene

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## BACK TO SCHOOL: SCHOOL-BASED SERVICES AND ADMISSION REQUIREMENTS

- Encourage patients to take advantage of school-based preventive health services such as asthma management, vision and hearing screening, and dental services.
- Ensure that all students meet school entrance requirements, including medical evaluations, immunizations, and screenings.
- Use the new Universal Child and Adolescent Health Examination Form (CH205) to document the health status of new students.

Approximately 1.1 million children attend New York City (NYC) public schools each year. In partnership with the Department of Education and community providers, the New York City Department of Health and Mental Hygiene (NYC DOHMH) offers important preventive health services to students, including asthma management, vision and hearing screenings, and dental services. All students attending NYC schools must meet school entrance requirements for medical evaluations, immunizations, and screenings. The new Universal Child and Adolescent Health Examination Form (CH205) replaces Form 211S for documenting the health status of new students.

### SCHOOL-BASED PROGRAMS

#### Managing Asthma in Schools

The NYC DOHMH relies on providers to identify patients with asthma through the completion of the Medication Administration Form or an asthma action plan. Clinicians assess every order to ensure that the indicated severity level is consistent with a child's symptoms and experience, and children learn proper use of inhalers and spacers. Students in grades 3 through 5 with asthma are enrolled in Open Airways, an evidence-based asthma management curriculum. School nurses and physicians will help you increase the number of children with asthma whose treatment is consistent with national guidelines.

The school nurses and physicians can:

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



## 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 prekindergartners, kindergartners, first graders, and new students in public elementary schools and, when requested, in nonpublic 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 preschool 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 to check that the eyes are working together).
- 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

Early tooth loss caused by dental decay can result in impaired speech development, school absences, inability to concentrate in school, and reduced self-esteem.<sup>1</sup> The DOHMH Oral Health Program provides dental services in 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.

Dental services offered in our centers include examinations, x-rays, cleanings, and fillings. Since 2007, DOHMH has also offered in-school sealant clinics in which dentists and dental hygienists apply dental sealants to prevent the development or progression of cavities and children are taught oral hygiene in the classroom. Dental consent forms are available at DOHMH health centers and school-based dental clinics. For information, call 311.

The 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 do not have a regular dentist to call 311 to find a DOHMH or Health and Hospitals Corporation (HHC) facility.

## SCHOOL ADMISSION REQUIREMENTS

### Medical Evaluation

City and state laws require that all new students in NYC schools—day care, nursery, preschool/prekindergarten, and kindergarten through 12th grade—show proof of having received a complete medical evaluation within the previous 12 months.<sup>2</sup> (Children who move from one NYC public or nonpublic school to another due to transfer or graduation are usually not considered “new” students.) The new Universal Child and Adolescent Health Examination Form (CH205) is used to document the health status of new students (see box).

- Children entering day care, nursery school, or preschool/prekindergarten must have a complete medical

### Introducing the new CH205. . .

- The new Universal Child and Adolescent Health Examination Form (CH205) is to be used any time documentation of health status is needed.
- The CH205 **replaces** the School New Admission Examination Form (211S) and the Day Care New Admission and Follow-up Medical Records (318KA-1 and 318KA).
- Downloadable, precompleted forms containing immunization and lead test results already entered can be obtained from the Citywide Immunization Registry (CIR) Web site. See **Forms** section for more information.

examination. The exam should include a medical history, physical examination, and nutritional and developmental assessments, as well as screening for anemia (for Head Start centers only), dental health, vision, and hearing. Lead exposure must be assessed annually up to 6 years of age, and a blood lead test must be documented as required by New York State law.<sup>3</sup>

- Children entering kindergarten through 12th grade should have a medical evaluation consistent with current recommendations for preventive pediatric health care



### TABLE 1. INTERPRETATION OF TUBERCULIN SKIN TEST RESULTS<sup>4</sup>

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 1 month or more) and TNF- $\alpha$  blockers.

#### ≥ 10 mm for:

- Children and adolescents who have immigrated into the United States 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, and 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 disease for whom testing is not generally indicated.

\* Countries with ≥ 20 smear-positive cases of TB per 100,000 people:

**Africa** — All countries except Seychelles and Mauritius; **Eastern Mediterranean** — Afghanistan, Djibouti, Iraq, Morocco, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Yemen; **Europe** — Armenia, Azerbaijan, Belarus, Bosnia & Herzegovina, 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, 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), Kiribati, Lao PDR (Laos), Macao (China), Malaysia, Marshall Islands, Micronesia, Mongolia, Nauru, Northern Mariana Islands, Palau, Papua New Guinea, Philippines, Solomon Islands, South Korea, Tokelau, Tuvalu, Vanuatu, Vietnam, Wallis and Futuna Islands.<sup>5</sup>

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](http://www.nyc.gov/html/doh/downloads/pdf/chi/chi25-4.pdf).

**TABLE 2. IMMUNIZATION REQUIREMENTS: PROVISIONAL COMPLIANCE**

New students may be admitted provisionally by meeting these requirements within the previous 2 months.

Grade	Vaccine	Doses
Day care/Prekindergarten	DTaP (diphtheria-tetanus-acellular pertussis) or DTP (diphtheria-tetanus-pertussis)	1
	OPV (oral poliovirus) or IPV (inactivated poliovirus)	1
	MMR (measles-mumps-rubella), on or after the 1st birthday	1
	Hib ( <i>Haemophilus influenzae</i> type b)	1
	Hepatitis B	1
	Varicella, on or after the 1st birthday	1
	Pneumococcal conjugate (PCV), for all children born on or after January 1, 2008	1
Kindergarten-Grade 12	DTaP, DTP, Td (tetanus-diphtheria), or Tdap (tetanus-diphtheria-acellular pertussis) Vaccine type as appropriate for age	1
	Tdap (effective September 1, 2007),* for all children born on or after January 1, 1994, and entering 6th or 7th grade	1
	OPV or IPV	1
	MMR	1
	Hepatitis B	1
	Varicella (Grades K-9), on or after 1st birthday for children born on or after January 1, 1994	1

**Follow-up: Once the child is admitted provisionally, this vaccination schedule must be followed:**

- **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 may be deferred until 2 years have elapsed; it is then required. A Tdap dose given sooner than 2 years should be accepted as a valid dose and will satisfy the school requirement.



issued by the American Academy of Pediatrics.<sup>6</sup> The guidelines are available at <http://pediatrics.aappublications.org/cgi/data/120/6/1376/DC1/1>.

- **A tuberculosis (TB) test is needed only by students newly entering the public or nonpublic school system in secondary school (intermediate, junior high, middle, and high school), and only if they never attended any NYC school.**<sup>7</sup> Either a Mantoux tuberculin skin test or a blood-based test may be performed (see Table 1 for interpretation of TB test results). The CH205 is used to document the health status of new students (see page 56).
- Immunization requirements must also be met.<sup>8</sup> See Table 2 and Table 3 for provisional and full compliance requirements.

**TABLE 3. IMMUNIZATION REQUIREMENTS: FULL COMPLIANCE**

<b>Grade/Age</b>	<b>Vaccine</b>	<b>Doses</b>	<b>Schedule</b>
Day care/ Prekindergarten	DTaP (diphtheria-tetanus-acellular pertussis) or DTP (diphtheria-tetanus-pertussis)	4	4th dose should be at least 6 months after the 3rd.
	OPV (oral poliovirus) or IPV (inactivated poliovirus)	3	
	MMR (measles-mumps-rubella), on or after the 1st birthday.	1	
	Hib ( <i>Haemophilus influenzae</i> type b)	1, 2, or 3	1 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.
	Pneumococcal conjugate (PCV), for all children born on or after January 1, 2008	1, 2, or 3	As age appropriate.
Kindergarten	DTaP or DTP	4	4th dose should be at least 6 months after the 3rd.
	OPV or IPV	3	
	MMR	2	1 dose on or after the 1st birthday, plus a 2nd dose of measles-containing vaccine (preferably MMR) 28 days or more after 1st dose, and at or after age 15 months.
	Hepatitis B	3	
	Varicella	1*	On or after the 1st birthday.
Grades 1-12	DTaP, DTP, DT, Td (tetanus-diphtheria), or Tdap (tetanus-diphtheria-acellular pertussis) vaccine type appropriate for age (see page 60)	3	
	Tdap (effective September 1, 2007) for all children born on or after January 1, 1994	1 <sup>†</sup>	On entering 6th or 7th grade.
	OPV or IPV	3	
	MMR	2	1 dose on or after the 1st birthday, plus a 2nd dose of measles-containing vaccine (preferably MMR) 28 days or more after 1st dose, and at or after age 15 months.
	Hepatitis B, all students in all grades	Full series	3 doses pediatric vaccine, or, for ages 11-15 years only, 2 doses adult Recombivax HB®.
	Varicella, for all children born on or after January 1, 1994	1*	Grades 1-9: 1 dose on or after 1st birthday.

\*Although only 1 dose of vaccine is required, the recommendation is for **all** children to receive 2 doses of varicella-containing vaccine separated by a minimum interval of 28 days.

<sup>†</sup>If the interval since the last tetanus-containing vaccine (Td) administered is less than 2 years, Tdap may be deferred until 2 years have elapsed; then it is required. A Tdap dose given sooner than 2 years should be accepted as a valid dose and will satisfy the school requirement.

## 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 ages 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.

### 2-dose series for adolescents ages 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 who are 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, 1994, must be immunized against varicella to attend kindergarten through 9th grade. Any child transferring into any grade up to and including 9th grade must also meet this requirement. A history of varicella 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 varicella vaccination are not recommended.

Although not required for school, the Advisory Committee on Immunization Practices (ACIP) now recommends 2 doses of varicella-containing vaccine for all people who receive vaccine<sup>9</sup>; children who have received only 1 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 or 7th grade must have one 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 elapsed 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. Children who are 10 years old and 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. A note from the health care provider must be submitted to indicate that Tdap will be administered at age 11.

- A student who is at least 10 years old, with no documentation of any tetanus-containing vaccine, requires a primary series (3 doses) of tetanus-containing vaccine administered at time 0, 1-2 months later, and at least 6 months after the second dose. One of these three doses, preferably the first dose, should be Tdap; the other two doses should be Td.

- A student who has received Td within the preceding 2 years may receive Tdap, although the vaccine may be deferred for 2 years. Doses of Tdap given at an interval of less than 2 years from the last Td are acceptable, valid, and satisfy the school requirement.
- If diphtheria-tetanus-acellular pertussis (DTaP)—which is approved for children under 7 years of age—is given inadvertently (instead of Tdap) within the 2-year time period, Tdap should not be given. The dose of DTaP will satisfy the school requirement.
- If Tdap is given inadvertently (instead of Td) to a child 7-10 years of age, this dose of Tdap should be considered valid.
- It is recommended, although not required, that all teens, especially those in contact with children less than 1 year of age, receive Tdap.
- A recording error may lead to confusion as to whether a child received Tdap or DTaP; accurately document the administered vaccine, including any vaccines administered in error.

### Pneumococcal Conjugate Vaccine

Pneumococcal conjugate vaccine is now required for all children born on or after January 1, 2008, as age appropriate, 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.
- Nonvaccination is accepted only for valid medical contraindications,<sup>10</sup> or for religious reasons, and on a vaccine-by-vaccine basis.
- Children should be immunized even if they have a minor illness, such as an upper respiratory infection.

### SUMMARY

Ensure that children meet school entrance requirements—including medical evaluations, immunizations, and screenings. Once in school, children can benefit from school-based preventive health programs, such as asthma management, vision and hearing screening, and dental care. ◆

### Use every office visit as an opportunity to vaccinate!

- All children 6 months-18 years should get the influenza vaccine.
- All teens should be protected against meningococcal disease.
- All females 11 years and older should be immunized against HPV.

Visit the Bureau of Immunization Web site at [www.nyc.gov/html/doh/html/imm/imm.shtml](http://www.nyc.gov/html/doh/html/imm/imm.shtml) for information.

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## FORMS

### Universal Child and Adolescent Health Examination Form (CH205)

[www.nyc.gov/html/doh/downloads/pdf/hcp/hcp-ch205.pdf](http://www.nyc.gov/html/doh/downloads/pdf/hcp/hcp-ch205.pdf)

Required for:

- First-time attendees of day care and prekindergarten
- Children entering kindergarten (even if they have attended prekindergarten)
- New students entering grades 1-12
- Students who have been schooled outside of NYC for at least 1 year

May be used for:

- Day or sleep-away camp
- After-school programs

### Medication Administration Form

### School Diabetes Management Form

### Educational Accommodation Form

<http://schools.nyc.gov/Offices/Health/SchoolHealthForms/default.htm>

### Dental Consent Form

Call 311

## RESOURCES

- **Office of School Health**  
[www.nyc.gov/html/doh/html/scah/scah.shtml](http://www.nyc.gov/html/doh/html/scah/scah.shtml)
- **Childhood Asthma Initiative**  
[www.nyc.gov/html/doh/html/asthma/asthma.shtml](http://www.nyc.gov/html/doh/html/asthma/asthma.shtml)

- **TB Centers**  
[www.nyc.gov/html/doh/html/tb/tbcc.shtml](http://www.nyc.gov/html/doh/html/tb/tbcc.shtml)
- **Bureau of Day Care**  
[www.nyc.gov/html/doh/html/dc/dc.shtml](http://www.nyc.gov/html/doh/html/dc/dc.shtml)
- **Lead Poisoning Prevention Program**  
[www.nyc.gov/html/doh/html/lead/lead.shtml](http://www.nyc.gov/html/doh/html/lead/lead.shtml)
- **Citywide Immunization Registry**  
[www.nyc.gov/health/cir](http://www.nyc.gov/health/cir) or call 212-676-2323
- **Oral Health Program**  
[www.nyc.gov/health/teeth](http://www.nyc.gov/health/teeth)
- **Bureau of Immunization**  
[www.nyc.gov/html/doh/html/imm/imm.shtml](http://www.nyc.gov/html/doh/html/imm/imm.shtml)

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

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## Continuing Education Activity

Back to school: school-based services and admission requirements

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CITY HEALTH INFORMATION

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### Objectives

At the conclusion of this course, the participants should be able to:

1. Understand key components of school-based services.
2. Identify ways that community health care providers can partner with school-based services in promoting preventive health services for children.
3. Identify and apply 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 July 31, 2009.**

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## CNE Activity Back to school: school-based services and admission requirements

July/August 2008

### 1. A tuberculosis (TB) test is required for:

- A. Joe, a 7th-grade student who has been in public school since kindergarten.
- B. Sarah, a 7th-grade student recently arrived from Brunei Darussalam who is entering the NYC public school system for the first time.
- C. Randy, a 3rd-grade student transferring from a charter school to a public school.
- D. Tania, a June 2007 high school graduate.

### 2. Which of the following is TRUE?

- A. An 11-year-old student in 6th grade who has had 5 doses of DTaP before age 7 does not need Tdap.
- B. An 11-year-old student in 6th grade who received Td at age 10 will need Tdap at age 12.
- C. An 11-year-old student in 6th grade cannot receive Tdap.
- D. An 11-year-old student who was given DTaP should be revaccinated with Tdap.

### 3. Which one of the following statements is FALSE?

- A. The new Universal Child & Adolescent Health Examination Form (CH205) is to be used any time documentation of health status is needed.
- B. The CH205 replaces the School New Admission Examination Form (211S) and the Day Care New Admission and Follow-up Medical Records (318KA-1 and 318KA).
- C. The CH205 is required for students participating in sleep-away camps and after-school programs.
- D. A downloadable, precompleted CH205 with immunization and lead test results already entered can be created by the Citywide Immunization Registry (CIR).

### 4. All of the following are true about the DOHMH Oral Health Program EXCEPT:

- A. Since 2007, DOHMH has offered in-house sealant clinics in which dental sealants are applied to prevent the development or progression of cavities.
- B. Dental services offered include examinations, x-rays, cleanings, fillings, and braces.
- C. All students may be served, including those who lack dental insurance.
- D. Dental services are provided both in health centers and public schools in New York City.

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

- A. Very well.
- B. Adequately.
- C. Poorly.

### 6. Was this continuing education activity fair, balanced, and free of commercial bias?

- A. Yes.
- B. No.
- C. I don't know.

### PLEASE PRINT LEGIBLY.

Name \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

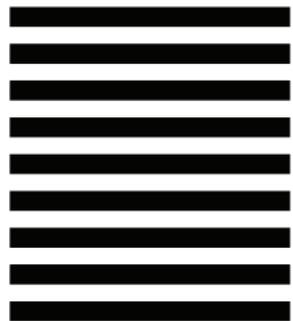
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NYC DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE  
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### Continuing Education Activity

This issue of *City Health Information*, including the continuing education activity, can be downloaded at [www.nyc.gov/html/doh/html/chi/chi.shtml](http://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 3 of the first 4 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 July 31, 2009**. Mail to:  
CNE 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](http://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.