

Creating, Saving and Accessing Online Child and Adolescent Health Examination (CH205) Forms

NYC Department of Health & Mental Hygiene
Bureau of Immunization and Bureau of Child Care
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Child and Adolescent Health Examination (CH205) form: Some Background

- All students entering a New York City school, including public/private/parochial schools or day care centers, for the first time must have a complete physical examination and all required immunizations documented on a Child Adolescent Health Examination Form (CH205). *(New York City Health Code Article 47.25 Health, child admission criteria.)*
- Official CH205 forms are available through the Online Registry, precompleted with the child's demographic and immunization information, lead test results history, and the provider's contact information (2005).
- The pre-completed CH205 form saves medical staff time and provides a legible printout which parents can give to the child's school or child care services as required for admission.

DOHMH Bureau of Child Care collaboration on the Child Adolescent Health Examination (CH205) form

- The new saveable, editable and retrievable online data entry form was developed in collaboration between the DOHMH Bureau of Immunization and the DOHMH Bureau of Child Care.
 - Saving the records to the Online Registry will help DOHMH Bureau of Child Care identify child care centers that may need help with admissions requirements (*New York City Health Code Article 47.25 Health, child admission criteria.*)
 - Child care centers in compliance with all their requirements will be allowed to obtain/renew their operating permits to continue serving the children and their parents.

New Features Summary and Benefits

- New features:
 - CH205 forms may now be saved, retrieved and reused from the Online Registry.
 - You may enter and save health examination information.
- Benefits of saving CH205 records include:
 - Having legible, accurate and complete records to best manage patients
 - Retrieving and reusing completed forms can help save time, particularly when parents/guardians lose the form and/or request additional copies.
 - Allowing DOHMH to identify Child Care Centers that may need help with admissions requirements (*NYC Health Code Article 47.25 Health, child admission criteria.*)
 - Providing DOHMH with health data that may help inform public health needs.

Learning Objectives

At the conclusion of the guide, the user will be able to accomplish the following using the Online Registry:

- Create and save CH205 forms requested by schools, camps, after school programs, early intervention, child care, or WIC programs.
- Be able to search and enter the child care center name and / or address to submit CH205 forms to the NYC DOHMH Bureau of Child Care.
- Enter and save health examination information on the CH205 form.
- From a previously saved patient's CH205 form, retrieve a static copy to print or fax, or re-use and edit the patient's information and health data to generate an updated form.

Choose or Search for a patient record:

Ascertain from the child's parent/guardian the organization type(s) requesting the form, and if it is a child care center, note the name and/or address.

Click on a child's name in MyList

- or -

Search for a child's record.

Online Registry Search MyList Reports Add/Edit Tools Recall Adv. Event VFC Set Up Adult Flu ? Help LogOut

Welcome Shirley Huie (Facility: Bureau of Day Address: 2 Lafayette S)

My List Refresh MyList

Each time someone at Bureau of Day (Temp Code) finds a patient using Search, they are added to MyList. To help manage your list, use the [Refresh MyList](#) feature.

To view a patient record, click on the patient's name.

To Remove from List, check one or more boxes and click the "Remove" button at the bottom of the page. (The selected patients will no longer appear on this page. They will not be deleted from the Registry.)

You may update a patient's status to let CIR know if the patient is no longer being seen at your practice. Click the Yes/No toggle in the Active column to the left of the patient's name. Update the information at the bottom of "Update Patient Info" screen that appears.

Search MyList or **View MyList**

first name -or- last name... ever Show patients accessed... Show per page... and Jump to... 10

Reset Go Reset Go

Tip
You can set your viewing defaults in [Set Up](#)



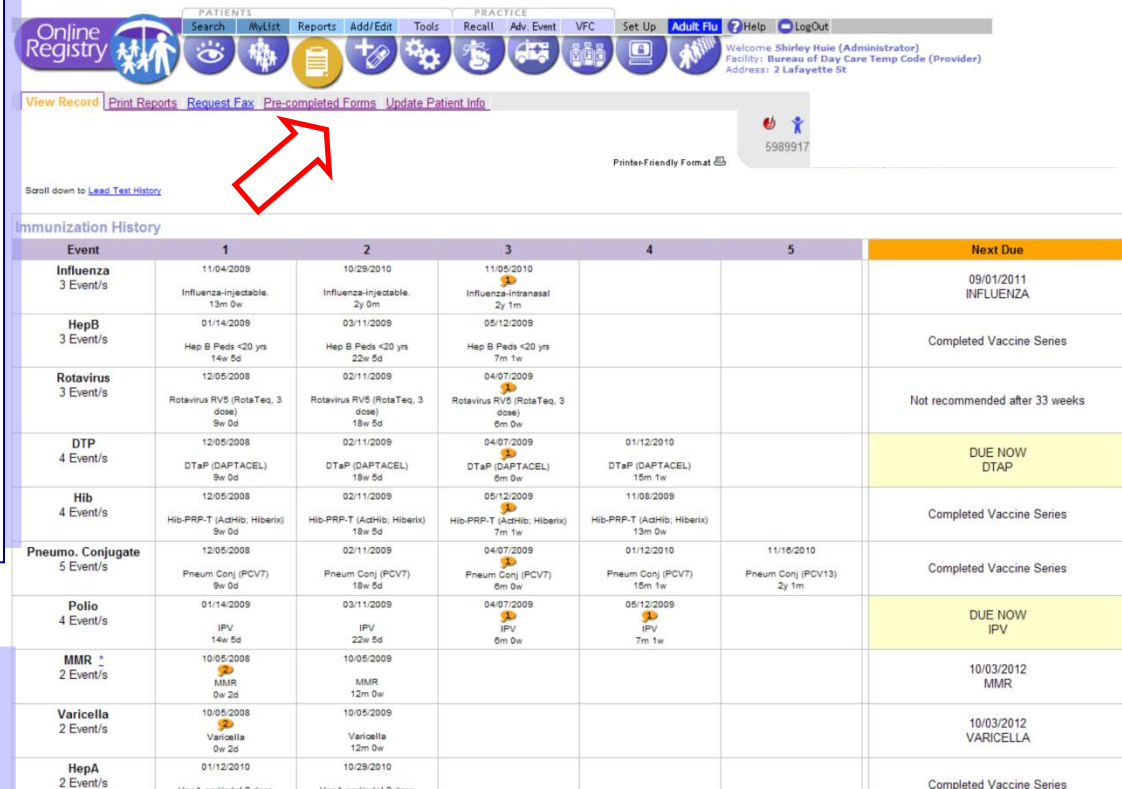
Who's in MyList? Refresh MyList									
Remove	Active	Status	Last/First	Gender	DOB	Address	Phone	Last Ac	
<input type="checkbox"/>	Yes		Buddington, Shanice	F	09/19/2001	803 E 233 St. 2 Bronx, NY 10466	718-653-7748	11/09	
<input type="checkbox"/>	Yes		Cathy, Chatty	F	02/02/2000	C C C, NY 11111	222-222-2222	12/06	
<input type="checkbox"/>	Yes		Cisneras, Anthony	M	06/04/2008	11 25 Irving Street Valley Stream, NY 11580	516-612-2250	11/09	
<input type="checkbox"/>	Yes		Frye Yanos, Alexander	M	04/05/2007	730 Ft Washington, 5N Man, NY 10040	212-740-1616	11/04	
<input type="checkbox"/>	Yes		Fu, Janson	M	04/25/2005	74 36 44th Ave 2fl Elmhurst, NY 11373	718-803-9143	11/02	
<input type="checkbox"/>	Yes		Garely, Milla	F	08/14/2008	25-40 Shore Blvd, 21R Astoria, NY 11102	718-606-9147	11/08	
<input type="checkbox"/>	Yes		Hernandez, Isabella	F	04/17/2004	533 E.2nd St.C6 Brooklyn, NY 11218	718-851-4405	11/09	
<input type="checkbox"/>	Yes		Huie, Shirl	F	01/01/1950	2 Laf Laf New York, NY 11111		02/01	
<input type="checkbox"/>	Yes		Kasden, Caleb	M	02/03/2007	198 Lincoln Road Brooklyn, NY 11225	718-469-8130	11/04	
<input type="checkbox"/>	Yes		King, Chance	F	11/22/2004			11/04	
Remove									

Next, click on the “Pre-completed Forms” tab:

Note: For users with the ability to add/edit immunizations, it is recommended to update your patients' records prior to printing the Online Registry pre-completed forms.

You will be given another opportunity to update the record, but we recommend you update the record beforehand.

Note: You may update the Lead test results history, although the changes will not be reflected immediately in the Online Registry since each lead report will go through a human review process.



Event	1	2	3	4	5	Next Due
Influenza 3 Event/s	11/04/2009 Influenza-injectable. 13m 0w	10/29/2010 Influenza-injectable. 2y 0m	11/05/2010 Influenza-intranasal 2y 1m			09/01/2011 INFLUENZA
HepB 3 Event/s	01/14/2009 Hep B Peds <20 yrs 14w 5d	03/11/2009 Hep B Peds <20 yrs 22w 5d	05/12/2009 Hep B Peds <20 yrs 7m 1w			Completed Vaccine Series
Rotavirus 3 Event/s	12/05/2008 Rotavirus RV5 (RotaTeq, 3 dose) 9w 0d	02/11/2009 Rotavirus RV5 (RotaTeq, 3 dose) 18w 5d	04/07/2009 Rotavirus RV5 (RotaTeq, 3 dose) 6m 0w			Not recommended after 33 weeks
DTP 4 Event/s	12/05/2008 DTaP (DAPTACEL) 9w 0d	02/11/2009 DTaP (DAPTACEL) 18w 5d	04/07/2009 DTaP (DAPTACEL) 6m 0w	01/12/2010 DTaP (DAPTACEL) 15m 1w		DUE NOW DTAP
Hib 4 Event/s	12/05/2008 Hib-PRP-T (AdHib, Hiberix) 9w 0d	02/11/2009 Hib-PRP-T (AdHib, Hiberix) 18w 5d	05/12/2009 Hib-PRP-T (AdHib, Hiberix) 7m 1w	11/08/2009 Hib-PRP-T (AdHib, Hiberix) 13m 0w		Completed Vaccine Series
Pneumo. Conjugate 5 Event/s	12/05/2008 Pneum Conj (PCV7) 9w 0d	02/11/2009 Pneum Conj (PCV7) 18w 5d	04/07/2009 Pneum Conj (PCV7) 6m 0w	01/12/2010 Pneum Conj (PCV7) 15m 1w	11/16/2010 Pneum Conj (PCV13) 2y 1m	Completed Vaccine Series
Polio 4 Event/s	01/14/2009 IPV 14w 5d	03/11/2009 IPV 22w 5d	04/07/2009 IPV 6m 0w	05/12/2009 IPV 7m 1w		DUE NOW IPV
MMR 2 Event/s	10/05/2008 MMR 0w 2d	10/05/2009 MMR 12m 0w				10/03/2012 MMR
Varicella 2 Event/s	10/05/2008 Varicella 0w 2d	10/05/2009 Varicella 12m 0w				10/03/2012 VARICELLA
HepA 2 Event/s	01/12/2010	10/29/2010				Completed Vaccine Series

Create new form to save:



- Use this page to generate forms that are pre-completed with information from the Registry. Forms which do not use the Child & Adolescent Health Examination Form cannot be saved to the Registry. Forms which do use the Child & Adolescent Health Examination Form can be saved to the Registry. Please call CIR at (212) 676-2323 if you are experiencing any difficulties with these forms.

NOTE: The pre-completed forms are provided in Adobe Acrobat PDF format. For best results, you may need to download or update your current version of Adobe Reader (we recommend 7.0 or greater), which can be found [here](#) (opens new window). Then, click on "Get Adobe Reader."

You may choose to

Create New Form and Save ➔

or

Create New Form Without Saving ➔

Create Forms Which Do Not Use the Child & Adolescent Health Examination Form



[Early Intervention Form \(English\)](#)

This form comes completed with patient demographics and provider contact information. The highlighted areas on the form are editable. (opens in new window) For more information about the Early Intervention Program, please click [here](#).



[Early Intervention Form \(Spanish\)](#)

This form comes completed with patient demographics and provider contact information. The highlighted areas on the form are editable. (opens in new window) For more information about the Early Intervention Program, please click [here](#).



[WIC Medical Referral Form for Infants and Children \(revised 10/08\)](#)

This form comes completed with patient demographics, provider contact information and immunization history. The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule. The highlighted areas on the form are editable. (opens in new window)

Create Forms Using the Child & Adolescent Health Examination Form (CH205 form)

Use Registry data (Patient Information, Immunizations, and Lead Tests) to create Child & Adolescent Health Examination Forms (CH205 form). The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule. The CH205 form replaces the School 211S form. Please view the [CH205 letter](#) and you may attach it to the CH205 form for submission.

➤ **OPTION 1 NEW!** You now have a new option to create, save and re-use CH205 forms by clicking on the 'Create New Form and Save' button below. Using this option will save the form in the Registry. If you have previously created and saved a form, a list will appear below and you may choose a form from the list as a starting point.

Create New Form and Save ➔

➤ **OPTION 2** Choose to create a form without saving it by clicking on the 'Create New Form without Saving' button below. Using this option will NOT save the form in the Registry. The highlighted areas on the form are editable.

Create New Form Without Saving ➔



Select and search for organization requesting form:

Ascertain from the child's parent/guardian the organization type(s) requesting the form, and if it is a child care center, note the name and/or address.

1. Begin new form:

- Select the organization types requesting the form.

The screenshot shows the 'Online Registry' interface. At the top, there are navigation links: 'View Record', 'Print Reports', 'Request Fax', 'Pre-completed Forms', and 'Update Patient Info'. Below these is a list of steps: 1. Begin New Form, 2. Verify Patient Information, 3. Verify Immunization Data, 4. Verify Lead Test Data, 5. Enter / update examination data, and 6. Confirm and submit / print. A red arrow labeled 'a' points to the '1. Begin New Form' step. Below the steps is a section titled 'Select the form(s) you want to create. (check all that apply)'. It contains three checkboxes: 'School', 'Camp', and 'Early Intervention (medical form)'. The 'Child Care' checkbox is checked. Below this, a section titled 'Please indicate which type(s) of child care facilities the child will be enrolling in:' contains two checkboxes: 'Center-Based' (checked) and 'School-Aged/Home-Based/Other'. A red arrow labeled 'b' points to the 'Center-Based' checkbox. Below this is a section titled 'Search for child care facilities:'. It contains a note: 'Wild card searches are permitted on Center Name and Street Name.' and a form with fields for 'Center Name:', 'Permit #:', 'Building #:', 'Street Name:', 'Zip:', 'Borough:', and 'Neighborhood:'. A red arrow labeled 'c' points to the 'Center Name:' field. At the bottom right of the form is a 'Search' button with a magnifying glass icon. Below the form are 'Cancel' and 'Continue' buttons.

Steps (b) through (e) pertain only to forms needed by child care centers.

- Specify if child is attending a "Center-Based" or "School-Aged/Home-Based/Other" facility
- Next, search for the center. You may enter a partial name or street name. Click on the Search button.

Select, search for organization requesting form:

☒ Child Care

Please indicate which type(s) of child care facilities the child will be enrolling in:

☒ Center-Based ☐ School-Aged/Home-Based/Other

All Center-Based child care facilities the child is enrolling in must be selected. It is very important to the Bureau of Child Care that the correct child care facilities are selected before proceeding to the next step.

Facilities:

Center Name	Permit #	Address	Zip	Borough	Neighborhood(s)
Search Results (59 found):					
<input type="checkbox"/> LITTLE STARS SCHOOL, INC.	5414	4063 EDSON AVENUE	10466	BRONX	Eastchester, Edenwald, Wakefield
<input type="checkbox"/> LITTLE ANGELS HOLY SPIRIT HEAD START & UPK	5078	1960 UNIVERSITY AVENUE	10453	BRONX	Morris Heights
<input type="checkbox"/> LITTLE ANGELS DAY CARE	8329	1802 MATTHEWS AVENUE	10462	BRONX	Parkchester, Pelham Parkway, Unionport, Van Nest
<input type="checkbox"/> LITTLE ANGELS HEAD START / U P K	5159	2331 UNIVERSITY AVENUE	10468	BRONX	Fordham, University Heights
<input type="checkbox"/> LITTLE ANGELS ST. NICHOLAS OF TOLENTINE HEAD START / UPK	4918	2331 UNIVERSITY AVENUE	10468	BRONX	Fordham, University Heights
<input type="checkbox"/> LITTLE PEOPLES DAY CARE	5644	1600 SEDGWICK AVENUE	10453	BRONX	Morris Heights
<input type="checkbox"/> LITTLE SHEPHERDS COMMUNITY	7510	2260 ANDREWS	10468	BRONX	Fordham, University Heights

☐ Not Yet Determined

d. Select the center, click

Continue →

You will see a green confirmation message of the center(s) selected.

e. If you want to add additional centers, choose the option, "No, - I want to search and add child care facilities."

This will take you back to the previous screen to resume searching.

If you are done selecting centers, choose "Yes."

If you cannot find the child care center, or if the center is not yet determined, you may check the "Not Yet Determined" box.

✓ You have selected the following Child Care Facilities:

- LITTLE SCHOLARS DAY CARE CENTER at 1709-11 RALPH AVENUE, BROOKLYN, 11236
- SMARTER TODDLER NURSERY & PRESCHOOL at 100A WEST 89 STREET, MANHATTAN, 10024

It is very important to the Bureau of Child Care that the correct child care facilities are selected before proceeding to the next step.

Have you selected all of the child care facilities this child is enrolling in?

- ☐ Yes
☐ No - I want to search and add child care facilities.

Continue →

Child care facility definitions:

Listed under  **Tip**



Tip

[What is a Center-Based child care facility?](#)

[What is a School-Aged, Home-Based, or Other child care facility?](#)

What is a Center-Based child care facility?

Group child care facilities: Child care centers of 7 or more children which are located in an institutional setting. Regulated under the New York City Health Code.

What is a School-Aged, Home-Based, or Other child care facility?

- Group family child care: Child care homes of 6-12 children in the home of an unrelated family. Regulated under the New York State Department of Social Services.
- Family child care: Child care homes of not more than 3-6 children in the home of an unrelated family. Regulated under the New York State Department of Social Services.
- School-age program: School-age child care means care provided on a regular basis to seven or more school-age children under 13 years of age. Regulated under the New York State Department of Social Services

Note: If the child is eight years old or above, the Child Care Centers will not be shown in the Online Registry.

Verify Patient Information:

Online Registry

PATIENTS Search MyList Reports Add/Edit **PRACTICE** Tools Recall Adv. Event VFC Set Up **Adult Flu**

View Record Print Reports Request Fax Pre-completed Forms Update Patient Info

1. Begin New Form
2. **Verify Patient Information**
3. Verify Immunization Data
4. Verify Lead Test Data
5. Enter / update examination data
6. Confirm and submit / print

This is an opportunity to update or correct patient demographic information in the CIR. In order to proceed, the patient address must be completed correctly, at minimum, before proceeding to the next screen. Any additional information you update will become part of registry data.

The following demographic information from this screen will automatically appear on the School Form: First Name, Middle Name, Last Name, DOB, Gender, and Address data.

Patient Information

First Name: LOUISA
Last Name: ALCOTT
DOB: 02 / 01 / 2003
Gender: ☐ M ☒ F
Alternate First:
Middle Name: MAY
Alternate Last:
Medical Rec. No.:
Medicaid No. (A*****):
Mom DOB:
Mom First Name:
Mom Maiden Name:
House No. / St. / Apt. No.: 13 DOWNING ST
City / State / ZIP: BROOKLYN NY 11215
Telephone: 2126762312

Change Cancel X Clear Continue

The next steps provide opportunities to update:

- Patient Information
- Immunization History
- Lead Test History Results

You may click through these steps if the record is up to date.



Patient Info

Please make address corrections, if requested by the system.

Verify and Update the Immunization History, if prompted:

❗ This child is not up to date on immunizations. Please review the child's immunization history below and administer the necessary immunizations to bring the child up to date.

View Record | Print Reports | Request Fax | **Pre-completed Forms** | Update Patient Info

❗ This child is not up to date on immunizations. Please review the child's immunization history below and administer the necessary immunizations to bring the child up to date.

1. Begin New Form
2. Verify Patient Information
3. Verify Immunization Data
4. Verify Lead Test Data
5. Enter / update examination data
6. Confirm and submit / print

● The following immunization information will be used on your Child Care Form. Please make sure it is accurate. Use [Add/Edit](#) above to report additional or edit existing immunizations, or click Continue.

[← Change](#) [Cancel ✕](#) [Continue →](#)

Event	1	2	3	4	5
Influenza 3 Event/s	11/04/2009 Influenza-injectable. 13m 0w	10/29/2010 Influenza-injectable. 2y 0m	11/05/2010 ❗ Influenza-intranasal 2y 1m		
HepB 3 Event/s	01/14/2009 Hep B Peds <20 yrs 14w 5d	03/11/2009 Hep B Peds <20 yrs 22w 5d	05/12/2009 Hep B Peds <20 yrs 7m 1w		
Rotavirus 3 Event/s	12/05/2008 Rotavirus RV5 (RotaTeq, 3 dose) 9w 0d	02/11/2009 Rotavirus RV5 (RotaTeq, 3 dose) 18w 5d	04/07/2009 ❗ Rotavirus RV5 (RotaTeq, 3 dose) 6m 0w		
DTP 4 Event/s	12/05/2008 DTaP (DAPTACEL) 9w 0d	02/11/2009 DTaP (DAPTACEL) 18w 5d	04/07/2009 ❗ DTaP (DAPTACEL) 6m 0w	01/12/2010 DTaP (DAPTACEL) 15m 1w	
Hib 4 Event/s	12/05/2008 Hib-PRP-T (ActHib; Hiberix) 9w 0d	02/11/2009 Hib-PRP-T (ActHib; Hiberix) 18w 5d	05/12/2009 ❗ Hib-PRP-T (ActHib; Hiberix) 7m 1w	11/08/2009 Hib-PRP-T (ActHib; Hiberix) 13m 0w	
Pneumo. Conjugate 5 Event/s	12/05/2008 Pneum. Conj. (PPSV) 9w 0d	02/11/2009 Pneum. Conj. (PPSV) 18w 5d	04/07/2009 ❗ Pneum. Conj. (PPSV) 6m 0w	01/12/2010 Pneum. Conj. (PPSV) 15m 1w	11/16/2010 Pneum. Conj. (PPSV) 2y 0m

Immunization
History -
Add/Edit

Verify and Update Lead Test History:

- ❗ This child is Non-Compliant for admission to child care because the child is not up to date on lead blood tests. Please review the child's lead blood test history below and administer the necessary lead blood tests to bring the child up to date.

[View Record](#) [Print Reports](#) [Request Fax](#) [Pre-completed Forms](#) [Update Patient Info](#)

59

1. Begin New Form
2. Verify Patient Information
3. Verify Immunization Data
- 4. Verify Lead Test Data**
5. Enter / update examination data
6. Confirm and submit / print

Some of the following lead test information may be used on your Child Care Form.

If there are lead blood tests missing from the table below or you would like to report additional lead blood tests, you can report them to the Lead Poisoning Prevention Program by clicking [here](#).

[Change](#) [Cancel](#) [Continue](#)

Lead Test History

Event	Date
Lead test d	

Lead Test History

Follow online instructions if you are reporting Lead Test History results.

These test results you report will be submitted for review and will not be immediately reflected in the Online Registry.

[Current Immunization](#) [Modify History](#) [Add History](#) [Add Lead Test](#) [Disease/Immunity](#)

Use this page to report lead test results. Click here for full [instructions](#).

1. Enter information about the analyzing facility and the provider.
 2. Enter/update information about the patient.
 3. Enter information about the blood lead test result.
 4. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click return to the patient record.)

Specify Laboratory Information

Laboratory Type:
☐ Point of Care Testing Device
☒ Laboratory (Internal/External)

Specify Authorizing Provider Information

Select the Authorizing Provider or specify some Other Responsible Individual who shall be contacted there be any questions regarding this report:
☒ JANE ZUCKER (License# 168661)
-- or --
☐ Other Responsible Individual:

[Cancel](#) [Continue](#)

Enter or Update the Health Examination Information:

The Online CH205 form is the same as the paper form, formatted for online data entry.

Complete the health examination data. Note special instructions in the left column.

The date of the form is a required field in the final section of the form.

PROVIDER TO FILL IN INFORMATION GIVEN BY PARENT/GUARDIAN

Student ID Number (0-99): _____

Hispanic/Latino? ☐ Yes ☒ No

Race (check all that apply) ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Native Hawaiian/Pacific Islander ☐ Other _____

Child Care: Name: ALL SEASONS DAY NURSERY/INFANT TODD
 Director: _____
 Number: _____

Health Insurance (including Medicaid)? ☐ Yes ☒ No

☐ Parent/Guardian ☐ Foster Parent

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER

Birth history (age 0-6 yrs) ☐ Unborn ☐ Premature ☐ Stillborn ☐ Other _____

Allegies ☐ None ☐ Epipen prescribed ☐ Drugs _____ ☐ Foods _____ ☐ Other _____

Does the child/adolescent have a past or present medical history of the following?
☐ Asthma (check severity and attach ICD-9 code) ☐ Chronic Deficit Hyperactivity Disorder ☐ Chronic or recurrent asthma ☐ Seizure disorder ☐ Speech/hearing or visual impairment ☐ Tuberculosis (ear/nose/throat or latent) ☐ Diabetes (attach ICD-9) ☐ Other (specify) _____

Describe all scheduled items ☐ _____

Medications (attach ICD-9 for school medication needed) ☐ None ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes

PHYSICAL EXAMINATION

Height: _____ cm () in ()

Weight: _____ kg () lb ()

BMI: _____ kg/m² ()

Head Circumference (age <2 yrs) _____ cm ()

Blood Pressure (age >2 yrs) _____ / _____

GENERAL APPEARANCE

Describe Abnormalities (if listed, may not exceed the maximum character limit of 101 characters)	Normal	Abnormal	Describe Abnormalities	Normal	Abnormal
HEENT	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	ENT	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Dental	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Neurological	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Head	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Skin/Integ	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Lymph nodes	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Psychosocial Development	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Lungs	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Language	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Cardiovascular	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Behavioral	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal			
Genitourinary	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal			

DEVELOPMENTAL (age 0-4 yrs)

At least one item in this section must be filled in for compliance with Child Care rules.

Delay suspected, specify below:

☐ Cognitive (iq, play skills) _____

☐ Communication/Language _____

☐ Social/Emotional _____

☐ Adaptive Self-Help _____

☐ Vision _____

SCREENING TESTS

The Bureau of Child Care Program recommends filling in the Lead Risk Assessment (annually) age 6 mo-4 yrs

Lead Risk Assessment (annually) age 6 mo-4 yrs ☐ Low ☐ Moderate ☐ High

Hearing Test: Data must be filled in for compliance with Child Care rules. ☐ Normal ☐ Abnormal

Vision Test: Data must be filled in for compliance with Child Care rules. ☐ Normal ☐ Abnormal

Wemoglobin or Hematocrit (age 6-12 mo) ☐ Normal ☐ Abnormal

Tuberculosis (only required for students entering intermediate/secondary or high school who have not previously attended any NYC public or private school)

PPD/Tuberculin placed ☐ Yes ☐ No

PPD/Tuberculin read ☐ Yes ☐ No

Interferon Test ☐ Yes ☐ No

Chest X-ray (PPD or Interferon positive) ☐ Normal ☐ Not Indicated ☐ Abnormal

Vision (required for new school entrants and children age 4-7 yrs) ☐ Right ☐ Left ☐ Both

Recommendations

Restrictions (if listed, may not exceed the maximum character limit of 60 characters) ☐ None ☐ Other _____

Follow-up Needed (if listed, may not exceed the maximum character limit of 60 characters) ☐ Yes ☐ No

Referrals (if listed, may not exceed the maximum character limit of 60 characters) ☐ None ☐ Other _____

ASSESSMENT

Well Child (V002) ☐ Yes ☐ No

Diagnoses Problems (IAP) ☐ Yes ☐ No

ICD-9 Code _____

HEALTHCARE INFORMATION

Please refer to the information to the right for accuracy and update if correct.

Date: _____

Health Care Provider Name and Degree: JANE ZUCKER MD

Provider License No. and State: NY


Facility Name: City/County/State of New York

National Provider Identifier (NPI): _____

Address/City/State/Zip: 400 5th Ave, 5th Floor, New York, NY 10011

Telephone: (212) 360-4400

Fax: (212) 360-5555

- Click continue, and note any error messages
- Make corrections, review form and
- Click  to complete the process.

Online CH205 Data Entry Form:

PROVIDER TO FILL IN INFORMATION GIVEN BY PARENT/GUARDIAN	
Student Id Number OSIS:	<input type="text"/>
Hispanic/Latino?	<input type="radio"/> Yes <input type="radio"/> No
Race (check all that apply)	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="text"/>
Child Care	Name: <input type="text" value="Happy Day Care, INC."/> District: <input type="text"/> Number: <input type="text"/>
Health insurance (including Medicaid)?	<input type="radio"/> Yes <input type="radio"/> No
<input checked="" type="radio"/> Parent/Guardian <input type="radio"/> Foster Parent	
Last Name:	<input type="text" value="Pasteur"/>
First Name:	<input type="text" value="Marie"/>
Home Phone:	<input type="text" value="(347) 396-2323"/>
Cell Phone:	<input type="text"/>
Work Phone:	<input type="text"/>
TO BE COMPLETED BY HEALTH CARE PROVIDER	
Birth history (age 0-6 yrs.)	<input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature <input type="text"/> weeks gestation <input type="checkbox"/> Complicated by: <input type="text"/>
Allergies	<input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs <input type="text"/> <input type="checkbox"/> Foods <input type="text"/> <input type="checkbox"/> Other <input type="text"/>
Does the child/adolescent have a past or present medical history of the following?	
<input type="checkbox"/> Asthma (check severity and attach MAF/Asthma Action Plan): <input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/> Chronic or recurrent otitis media <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Other (specify) <input type="text"/>	
Explain all checked items	
<input type="text"/>	
Medications (attach MAF if in-school medication needed) <input type="radio"/> None <input type="radio"/> Yes	
Dietary Restrictions <input type="radio"/> None <input type="radio"/> Yes	

These next slides give a view of the online CH205 data entry form.

Information given by the parent/guardian

Health information

Physical examination

Online CH205 Data Entry Form:

PHYSICAL EXAMINATION	
Height	<input type="text"/> cm (<input type="text"/> %ile)
Weight	<input type="text"/> kg (<input type="text"/> %ile)
BMI	<input type="text"/> kg/m ² (<input type="text"/> %ile)
Head Circumference (age <=2 yrs)	<input type="text"/> cm (<input type="text"/> %ile)
Blood Pressure (age >=3 yrs)	<input type="text"/> / <input type="text"/>
GENERAL APPEARANCE	
<p>Describe Abnormalities, if listed, may not exceed the maximum character limit of 101 characters.</p>	
<p>Normal Abnormal</p> <p>HEENT <input type="radio"/> <input type="radio"/></p> <p>Dental <input type="radio"/> <input type="radio"/></p> <p>Neck <input type="radio"/> <input type="radio"/></p> <p>Lymph nodes <input type="radio"/> <input type="radio"/></p> <p>Lungs <input type="radio"/> <input type="radio"/></p> <p>Cardiovascular <input type="radio"/> <input type="radio"/></p> <p>Abdomen <input type="radio"/> <input type="radio"/></p> <p>Genitourinary <input type="radio"/> <input type="radio"/></p>	<p>Normal Abnormal</p> <p>Extremities <input type="radio"/> <input type="radio"/></p> <p>Skin <input type="radio"/> <input type="radio"/></p> <p>Neurological <input type="radio"/> <input type="radio"/></p> <p>Back/spine <input type="radio"/> <input type="radio"/></p> <p>Psychosocial Development <input type="radio"/> <input type="radio"/></p> <p>Language <input type="radio"/> <input type="radio"/></p> <p>Behavioral <input type="radio"/> <input type="radio"/></p>
Describe Abnormalities	
<input type="text"/> <input type="text"/>	
DEVELOPMENTAL (age 0-6 yrs)	
<p><input type="checkbox"/> Within normal limits</p> <p>If delay suspected, specify below</p> <p><input type="checkbox"/> Cognitive (e.g., play skills) <input type="text"/></p> <p><input type="checkbox"/> Communication/Language <input type="text"/></p> <p><input type="checkbox"/> Social/Emotional <input type="text"/></p> <p><input type="checkbox"/> Adaptive/Self-Help <input type="text"/></p> <p><input type="checkbox"/> Motor <input type="text"/></p>	
SCREENING TESTS	
Date Done	Results
Lead Risk Assessment (annually, age 6 mo-6 yrs)	<input type="text"/> (mm/dd/yyyy) <input type="radio"/> At Risk (do BLL) <input type="radio"/> Not at Risk
Hearing	<input type="text"/> (mm/dd/yyyy) <input type="radio"/> Pure tone audiometry <input type="radio"/> OAE <input type="radio"/> Normal <input type="radio"/> Abnormal
Head Start Only	
Hemoglobin or Hematocrit (age 9-12 mo)	<input type="text"/> g/dL <input type="text"/> %
Tuberculosis (Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school.)	

Physical examination

General appearance

Developmental (3-5 yrs.)

Screening tests

Online CH205 Data Entry Form:

CHILD CARE	SCREENING TESTS	
	Date Done	Results
CHILD CARE The Bureau of Child Care Program recommends filling in the Lead Risk Assessment fields.	Lead Risk Assessment (annually, age 6 mo-6 yrs)	<input type="text"/> (mm/dd/yyyy) <input type="radio"/> At Risk (do BLL) <input type="radio"/> Not at Risk
CHILD CARE Hearing Test Date must be filled in for compliance with Child Care rules.	Hearing	<input type="radio"/> Pure tone audiometry <input type="radio"/> OAE
CHILD CARE Vision Test Date must be filled in for compliance with Child Care rules.	Head Start Only	
	Hemoglobin or Hematocrit (age 9-12 mo)	<input type="text"/> g/dL <input type="text"/> %
	Tuberculosis (Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school.)	
	PPD/Mantoux placed	Induration <input type="text"/> mm
	PPD/Mantoux read	<input type="radio"/> Neg <input type="radio"/> Pos
	Interferon Test	<input type="radio"/> Neg <input type="radio"/> Pos
	Chest x-ray (if PPD or Interferon positive)	<input type="radio"/> Normal <input type="radio"/> Not Indicated <input type="radio"/> Abnormal
	Vision (required for new school entrants and children age 4-7 yrs)	Acuity Right <input type="text"/> / <input type="text"/> Acuity Left <input type="text"/> / <input type="text"/> Strabismus <input type="radio"/> No <input type="radio"/> Yes
	<input type="checkbox"/> With Glasses	
Restrictions, if listed, may not exceed the maximum character limit of 62 characters. Follow-Up Needed For, if listed, may not exceed the maximum character limit of 24 characters. Referral(s) Other, if listed, may not exceed the maximum character limit of 72 characters.	RECOMMENDATIONS <input type="checkbox"/> Full Physical Activity <input type="checkbox"/> Full Diet <input type="checkbox"/> Restrictions Specify <input type="text"/> Follow-up Needed <input type="radio"/> No <input type="radio"/> Yes Referral(s) <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> Special Education <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other <input type="text"/>	
ASSESSMENT		

Screening tests (cont'd.)

Recommendations

Online CH205 Data Entry Form:

ASSESSMENT	
<input type="radio"/> Well Child (V20.2)	
<input type="radio"/> Diagnoses/Problems (list)	
	ICD-9 Code

HEALTHCARE INFORMATION	
Please review the information to the right for accuracy and update if incorrect.	
<small>CHILD CARE</small> The Bureau of Child Care Program requires Date, Health Care Provider Name, Degree, License Number, State, and Telephone to be filled in for compliance with Child Care rules.	
Completion Date:	<input type="text"/> (mm/dd/yyyy)
Health Care Provider Name and Degree:	JANE ZUCKER MD
Provider License No. and State:	<input type="text"/> NY
Facility Name:	GUEST
National Provider Identifier (NPI):	<input type="text"/>
Address/City/State/Zip:	42-09 28TH STREET, 5TH FLOC LONG ISLAND NY 11101
Telephone:	2126762284
Fax:	2126762314

Assessment

Healthcare provider information

The data that is entered on an Online Registry CH205 form for a Child Care Center is submitted to the DOHMH Bureau of Child Care.

Please continue to give the parent/guardian a copy of the completed CH205 form to take to his/her child's Child Care Center, or other facility.

Additional tips on completing the Online CH205 Data Entry Form:

- Fill out the form as you normally would fill out the paper form.
- If you chose “Child Care center” as the organization type and searched for and found the center, you will see the name filled in on the form.
- If you chose an organization other than a Child Care center, you may type in the name.
- You may fill in the parent/guardian information. If you enter this information, it will be saved on the form and you would not need to type this in again on future forms.
- You do not need to fill in the OSIIS number.
- Some items if checked will expand, requesting additional input.
- The text boxes have a limited number of characters that you may enter. It is limited so that the text you type will fit inside the boxes on the paper form. You may add an addendum and attach it to the form when you print it out to give to the parent/guardian.

View, print, or fax the CH205 form:




- Click on the form icon to view, print or fax the form.
- A separate page may be generated listing warnings and errors regarding information required by the DOHMH Day Care Program.


[Online Registry](#)
[PATIENTS](#)
[PRACTICE](#)
[Set Up](#)
[Adult Flu](#)
[?](#)

[Search](#)
[MyList](#)
[Reports](#)
[Add/Edit](#)
[Tools](#)
[Recall](#)
[Adv. Event](#)
[VFC](#)
[Set Up](#)
[Adult Flu](#)
[?](#)

[View Record](#)
[Print Reports](#)
[Request Fax](#)
[Pre-completed Forms](#)
[Update Patient Info](#)

✔ The following form(s) have been created and submitted to the Registry: Child Care, Camp, School.
You can view, print, or fax your form(s) below. The PDF form(s) are not editable. However, you may click [here](#) to use a previously created form as a starting point and modify it, which will then be saved as a new copy of the form.

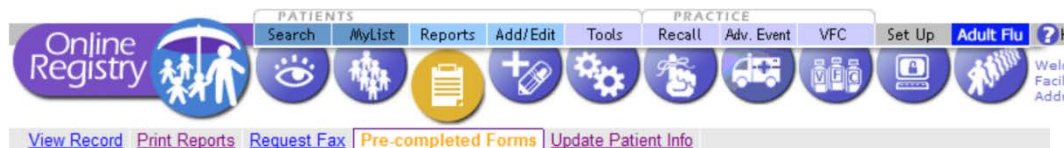
Form Type	View/Print Form	Fax form (optional)
Child Care		Fax this form? <input checked="" type="radio"/> Yes <input type="radio"/> No Fax To (Name): <input type="text"/> Fax #: <input type="text"/>
Camp		Fax this form? <input checked="" type="radio"/> Yes <input type="radio"/> No Fax To (Name): <input type="text"/> Fax #: <input type="text"/>
School		Fax this form? <input checked="" type="radio"/> Yes <input type="radio"/> No Fax To (Name): <input type="text"/> Fax #: <input type="text"/>

Fax Selected Forms 

Please continue to give the parent/guardian a copy of the completed CH205 form to take to his/her child's Child Care Center, or other facility.

[illegible]

Access completed and saved forms:



- Use this page to generate forms that are pre-completed with information from the Registry. Forms which do not use the Child & Adolescent Health Examination Form cannot be saved to the Registry. Forms which do use the Child & Adolescent Health Examination Form can be saved to the Registry. Please call CIR at (212) 676-2323 if you are experiencing any difficulties with these forms.

NOTE: The pre-completed forms are provided in Adobe Acrobat PDF format. For best results, you may need to download or update your current version of Adobe Reader (we recommend 7.0 or greater), which can be found [here](#) (opens new window). Then, click on "Get Adobe Reader."

Create Forms Which Do Not Use the Child & Adolescent Health Examination Form



[Early Intervention Form \(English\)](#)

This form comes completed with patient demographics and provider contact information. The highlighted areas on the form are editable. (opens in new window) For more information about the Early Intervention Program, please click [here](#).



[Early Intervention Form \(Spanish\)](#)

This form comes completed with patient demographics and provider contact information. The highlighted areas on the form are editable. (opens in new window) For more information about the Early Intervention Program, please click [here](#).



[WIC Medical Referral Form for Infants and Children \(revised 10/08\)](#)

This form comes completed with patient demographics, provider contact information and immunization history. The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule. The highlighted areas on the form are editable. (opens in new window)

Create Forms Using the Child & Adolescent Health Examination Form

Use Registry data (Patient Information, Immunizations, and Lead Tests) to create Child & Adolescent Health Examination Forms. Create a new form by clicking on the 'Create New Form' button below or by choosing a form from the list of previously created forms below as a starting point. Forms created here will be saved to the Registry.



Create New Form →

-- OR --



Previously Created Forms (4 forms)

Date/Time Created	Form Type	View/Print/Fax	Create New Form Based on This One
11/16/2010 6:35 PM	Child Care Form	View/Print/Fax	Begin New Form using this data
11/16/2010 6:34 PM	Camp Form	View/Print/Fax	Begin New Form using this data
11/16/2010 6:19 PM	Child Care Form	View/Print/Fax	Begin New Form using this data
11/16/2010 6:16 PM	Child Care Form	View/Print/Fax	Begin New Form using this data



Parents/guardians may return to your practice to request another CH205 form for new enrollment or to replace a lost form. It will now be convenient to:

- Print/fax a saved static form.
- Re-use a saved form and update any information as needed.

Only your authorized online registry users at your facility may access your facility's completed forms.

Additional tips on re-using saved CH205 forms:

- If you are re-using the form for a child care center, the system will remember all the previous centers that your practice associated with the patient and present you with these choices first.
- If you entered parent/guardian information, it will be saved on the form and you would not need to type this in again on future forms.
- Only your authorized online registry users at your facility may access your facility's completed forms.

Create CH205 form without saving:

Please fill out the following form. Your data typed into this form.

Please print your completed form if you would like a copy for your records.

Highlight Fields

[illegible]

If you chose to [Create New Form Without Saving](#) → at the beginning of this process, you may edit the highlighted fields of the CH205 form that is generated.

From your browser window options, you may print the CH205 form; however, the form will not be saved in the Online Registry.


Read-Only Access:


[View Record](#) [Newborn Hearing Screening](#) [Print Reports](#) [Request Fax](#) [Pre-completed Forms](#)


● Use this page to generate forms that are pre-completed with information from the Registry. Forms which do not use the Child Adolescent Health Examination Form cannot be saved to the Registry. Forms which do use the Child & Adolescent Health Examination Form can be saved to the Registry. Please call CIR at 347-396-2400 if you are experiencing any difficulties with these forms.

NOTE: The pre-completed forms are provided in Adobe Acrobat PDF format. For best results, you may need to download or update current version of Adobe Reader (we recommend 7.0 or greater), which can be found [here](#) (opens new window). Then, click on Adobe Reader."


Create Forms Which Do Not Use the Child & Adolescent Health Examination Form

 [Early Intervention Form \(English\)](#) This form comes completed with patient demographics and provider contact information. The highlighted areas on the form are editable. (opens in new window) For more information about the Early Intervention Program, please click [here](#).

 [Early Intervention Form \(Spanish\)](#) This form comes completed with patient demographics and provider contact information. The highlighted areas on the form are editable. (opens in new window) For more information about the Early Intervention Program, please click [here](#).

 [WIC Medical Referral Form for Infants and Children \(revised 10/08\)](#) This form comes completed with patient demographics, provider contact information and immunization history. The immunizations displayed include only events which are valid according to the New York City Childhood Immunization Schedule. The highlighted areas on the form are editable. (opens in new window)

Create Forms Using the Child & Adolescent Health Examination Form (CH205 form)

 [Health Examination Form \(CH205\)](#)
This form comes completed with patient demographics, immunization history and lead test history. The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule. **This form is not editable. It replaces the School 211S form. Please view the [CH205 letter](#) and you may use the CH205 form for submission.**

Below is a list of previously created forms which you may View/Print/Fax.

Previously Created Forms (3 forms)

Date/Time Created	Form Type	View/Print/Fax
1/11/2012 3:12 PM	School Form	View/Print/Fax
1/11/2012 3:12 PM	Child Care Form	View/Print/Fax

Users with Read-Only access:

- Click the "Health Examination Form (CH205)" link.
- A pre-completed form with the immunization history, lead test history and child's demographic information will be generated.
- The CH205 form may be printed from the browser menu options, and the form will not be saved in the Online Registry.
- Read-Only Access users are not enabled to edit CH205 forms online.

At facilities that have users with immunization editing status, Read-Only users may view, print or fax previously saved forms created by those users with editing capabilities.

Possible future enhancements:

- Auto-convert measurements to metric.
- Auto-calculate percentiles and BMI (or at least a link to BMI calculator).
- If child care center is chosen, auto-fill the fax number if known.
- Autofill parent/guardian information if known.
- Autofill the provider's license number at the bottom of the form.

Contact Information

**Citywide Immunization Registry
NYC Department of Health and Mental Hygiene**

General CIR contact information:

Tel: (347) 396-2400

Fax: (347) 396-2559

nyc.gov/health/cir

E-mail: cir@health.nyc.gov