**NYS School Health Examination Form**

Outline of required information and format

\*Refer to Instructions for details

First section: **Student information**

* Include Name, Sex, DOB, Date of Exam, School and Grade (if available)

Second section: **Health history**

* Problem list items with ICD10 code
	+ List of relevant problems from the problem list as per the cover sheet
* Allergies
	+ Include medications, food, environmental, insect, and Latex allergy if present
* Significant Past Medical History and Additional Problem
	+ Include problems relevant to the child’s needs at school if not included in the first section
* Vital signs including Percentiles (in this order)
	+ Height, Weight, BMI
	+ List which weight status category the BMI fall into, then BP

Third section: **Laboratory and Diagnostic testing**

* Tuberculosis testing if indicated, include type of test and results with date
* Sickle cell screen if done, include results and date
* Lead testing results for children in Pre-K and Kindergarten
	+ Most recent blood results and date obtained
* Vision and hearing testing with results for each ear/eye and date obtained
	+ For vision include distance, as well as near and color vision if obtained
		- Results can be recorded as Pass or Fail

Forth Section: **Abnormal Physical Examination Findings**

* List any significant finding of relevance to the school

Fifth Section: Assessment and Recommendations

* Physical Education/Sports/Playground/Work- list any restrictions or accommodations
	+ Categories include contact, limited contact and non-contact
* Chronic Medications: List all
	+ For medications to be given at school include indication, dosage, route, frequency, duration of treatment and possible side effects
* Immunization record- can write “See attached” or “See NYSIIS” as appropriate
* Additional information
	+ Anything the provider would like to communicate to the school as needed for the care of the child, but not included elsewhere
* Physician demographics
	+ To include signature, name, address, phone number, and fax number