



## **Student Health Exam Forms 2018-19**

### **Ninth Grade and Transfer Students**

A healthcare provider must complete, sign, and stamp the **Child and Adolescent Health Examination Form** that follows below.

A healthcare provider must complete, sign, and stamp the following **Medication Administration Form(s) (MAF)** if your daughter has **asthma, anaphylaxis allergies, diabetes,** or needs to **self-administer any type of medication**. Once a healthcare provider has completed these forms, a parent must also sign them.

**Immunization Requirements:** Documentation of **2 doses of varicella vaccine, 1 dose of meningococcal vaccine,** and **4 doses of polio vaccine**, unless 3rd dose was received at 4 years of age or older.

### **All 12th Grade Students**

**Immunization Requirements:** Documentation of **2 doses of meningococcal vaccine** with the booster dose given on or after age 16 or 1 dose if your child's first dose was given on or after age 16.

For more information regarding immunizations, please review the **[New York State Immunization and Medical Requirements](#)**.



CHILD & ADOLESCENT HEALTH EXAMINATION FORM

Please Print Clearly Press Hard

STUDENT ID NUMBER OSIS

Grid for Student ID Number OSIS

TO BE COMPLETED BY PARENT OR GUARDIAN

Parent/Guardian information fields: Child's Last Name, First Name, Middle Name, Sex, Date of Birth, Address, City/Borough, State, Zip Code, School/Center/Camp Name, District, Phone Numbers, Health insurance, Parent/Guardian/Foster Parent details.

TO BE COMPLETED BY HEALTH CARE PROVIDER If "yes" to any item, please explain (attach addendum, if needed)

Health Care Provider section: Birth history, Allergies, Medications, Dietary Restrictions, and a detailed medical history section with checkboxes for various conditions like Asthma, ADHD, Diabetes, etc.

PHYSICAL EXAMINATION and General Appearance section: Height, Weight, BMI, Blood Pressure, and checkboxes for Abnl (Abnormal) for HEENT, Lymph nodes, Abdomen, Skin, Psychosocial Development, etc.

DEVELOPMENTAL, SCREENING TESTS, and Tuberculosis sections: Developmental milestones, Blood Lead Level, Hearing, Hemoglobin/Hematocrit, Tuberculosis testing, and Vision screening.

IMMUNIZATIONS - DATES section: Table for recording dates of various vaccines including Hep B, Rotavirus, DTP, Hib, PCV, Polio, Influenza, MMR, Varicella, Td, Hep A, Meningococcal, and HPV.

RECOMMENDATIONS and ASSESSMENT sections: Recommendations for physical activity, diet, and follow-up; Assessment of Well Child status, Diagnoses/Problems, and ICD-9 Code.

Health Care Provider Signature and DOHMH PROVIDER I.D. section: Signature, Date, License No., NPI, Facility Name, Address, Telephone, and DOHMH I.D. Number.