

THE BROWNING SCHOOL

From the Nurse's Office



52 East 62nd Street

New York, New York 10065

212 838 6280 EXT. 149

www.browning.edu

April 8, 2013

Dear Browning Parents:

Enclosed is the health form for the 2013-2014 academic years. The form must be completed and returned to the Health Office by **August 15, 2013**.

As you are aware, it is a school requirement that a yearly physical examination report be kept on file in the health office. **Without properly completed health forms on file, your son will be unable to begin school in september.**

In addition, a health directive has come from the NYC Department of Health and Mental Hygiene. All students will be **required** to have Hepatitis B vaccine. One dose of Varicella vaccine is also required for all children through and including Form III. Tdap is required for all children born on or after January 1, 1994 and those entering 6th Grade and above.

Please return the completed form to the attention of Maureen Linehan, RN, School Nurse. **Before returning the form, please make a copy for your file.** Thank you for your cooperation in this important matter.

Required form for returning students is:

- 1. Family Information Sheet And Physical Examination Form.**
- 2. Complete Immunization History.**

Sincerely yours,

Maureen Linehan, RN, BSN, NCSN
School Nurse

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HEALTH FORM

September 2013 – June 2014

GRADE _____

STUDENT'S NAME _____

BIRTH DATE _____

PARENT NAME (PRIMARY CONTACT) _____

HOME ADDRESS _____

TEL. NO. _____

BUSINESS _____

TEL. NO. _____

CELL NO. _____

PARENT NAME _____

TEL. NO. _____

HOME ADDRESS _____

TEL. NO. _____

BUSINESS _____

TEL. NO. _____

CELL NO. _____

CARETAKER NAME _____

CELL NO. _____

PERSONS TO CONTACT IF UNABLE TO REACH PARENTS

TEL. NO. _____

TEL. NO. _____

I give my permission for the school nurse to administer first-aid if such is needed. In the event that I cannot be reached, and emergency hospital care / treatment is needed, I give permission for my child to be taken to the nearest hospital and given the necessary emergency care.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

The School Nurse May Administer The Following Medications:

___ TYLENOL ___ ADVIL ___ SUDAFED ___ BENADRYL ___ ANTACID ___ ROBITUSSIN ___ CLARITIN

OTHER* _____ (NAME AND DOSAGE)

ASTHMA MEDICATION* _____

PEAK FLOW _____

*Please be advised that any prescription medication must be in a labeled medication bottle from the pharmacy and kept in the Nurse's office. Any maintenance medication must be accompanied by a Doctor's order.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

Physical Examination *(To Be Completed Each Year**)*

HEIGHT _____ WEIGHT _____ BMI _____

BLOOD PRESSURE _____ PULSE _____

LAST DENTAL EXAM _____

VISION: RIGHT _____ LEFT _____

HEARING: TYPE OF TEST _____ RIGHT _____ LEFT _____

ENT _____

CARDIOVASCULAR _____

URINALYSIS _____

ABDOMEN _____

HEMOGLOBIN/HEMATOCRIT _____

GENITALIA _____

EXTREMITIES _____

MUSCULO-SKELETAL _____

SCOLIOSIS CHECK _____

SKIN _____

MAY THE STUDENT PARTICIPATE IN ALL PHYSICAL ACTIVITY? _____

NEUROLOGICAL _____

EMOTIONAL _____

DENTAL _____

NUTRITIONAL _____

PAST ILLNESSES, INCLUDING CONTAGIOUS DISEASES _____

OPERATIONS _____

SIGNIFICANT FAMILY HISTORY _____

SIGNIFICANT CHRONIC PROBLEMS _____

MAINTENANCE MEDICATION _____

IMMUNIZATIONS DURING THE PAST YEAR _____

ALLERGIES _____

PHYSICIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S STAMP _____ TELEPHONE _____

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STUDENT'S NAME

DATE OF BIRTH

STUDENT'S GRADE

PLEASE INCLUDE **DAY, MONTH AND YEAR** OF EACH IMMUNIZATION RECORD

IMMUNIZATION HISTORY

	1ST	2nd	3RD	4TH	5TH
DTP					
DT/DTaP					
Tdap					
Hib					
OPV/IPV					
Hep B					
MMR					
VARICELLA					
MANTOUX					
Other/Specify					

PHYSICIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S STAMP _____ TELEPHONE _____

NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL REQUIREMENTS FOR NEW SCHOOL ENTRANTS

(PUBLIC, PRIVATE, PAROCHIAL, DAY CARE CENTERS AND SCHOOLS)

All students entering a New York City School
for the first time must have

A COMPLETE PHYSICAL EXAMINATION AND ALL REQUIRED IMMUNIZATIONS

This comprehensive medical examination must be documented on a
Child Adolescent Health Examination Form (CH205) and include the following:

Weight
Height
Body Mass Index (BMI)
Blood Pressure
Medical History
Nutritional Evaluation

Vision Screening
Hearing Screening
Dental Screening
Developmental Assessment
For Day Care Only:
Anemia Screening
(Hematocrit or Hemoglobin)

Lead Poisoning Assessment and Testing

- All children under 6 years must be assessed annually for risk of lead exposure.
- Blood lead tests are required for children at ages 1 and 2 years AND other children up to age 6 years at risk of exposure OR with no lead test previously documented.
- For more information, call the Lead Poisoning Prevention Program @ 311.

Students continuing on to Kindergarten from Pre-kindergarten must submit
a new CHILD & ADOLESCENT HEALTH EXAMINATION FORM (CH205)

TUBERCULOSIS EXAMINATION FOR NEW STUDENTS ENTERING A SECONDARY SCHOOL

- All new students entering a NYC public or private secondary school (intermediate, junior, or middle schools, all types of high schools) for the first time, must have a Mantoux Tuberculin Skin Test (also known as PPD) with a documented reading date between 48–72 hours of placement of the test. If students have been in any public, private or parochial school in NYC they **do not** need tuberculosis evaluation. Results must be recorded in millimeters of induration. An approved blood-based tuberculosis diagnostic test may also be used.
 - A documented Mantoux Tuberculin Skin Test or an approved blood-based tuberculosis test result within one year prior to admission to school, or within 14 school days after admission to school, is acceptable.
 - Students with a history of BCG vaccination must still have a test for tuberculosis infection.
 - Students determined by their medical provider to have a positive tuberculosis test result are required to have a medical evaluation and a chest X-ray within 14 school days and attend school in the interim.
 - Students with a documented history of a positive tuberculosis test result and X-ray report should be allowed in school and be referred to the school nurse or district supervising nurse for evaluation and follow-up.
- Please Note:** If the tuberculosis test is not given before or on the same day as the MMR or any other live vaccine then the student must wait six (6) weeks before receiving the tuberculosis test. However, the student may be allowed to attend school in the interim.
- If latent tuberculosis infection (LBTI) is **suspected, treatment is strongly recommended.** (See **Guidelines for Testing and Treatment of Latent Tuberculosis Infection**, April 2006, <http://www.nyc.gov/html/doh/downloads/pdf/chi/chi25-4.pdf>)

STUDENTS WILL BE EXCLUDED FROM SCHOOL IF:

They do not have a documented tuberculosis test result within 14 school days of admission to school.

or

They are new entrants with a positive tuberculosis test result and do not have a documented chest X-ray and evaluation within 14 school days.

SCHOOL HEALTH PROGRAM REGIONAL OFFICES

Telephone #

Bureau of School Health Region I	– 917-492-6950/51/52	– Department of Education Districts 1, 2, 3, 4, 5 and 6
Bureau of School Health Region II	– 718-579-6853/54	– Department of Education Districts 7, 8, 9, 10, 11 and 12
Bureau of School Health Region III	– 718-336-2553x112	– Department of Education Districts 17, 18, 19, 21, 22, 23 and 32
Bureau of School Health Region IV	– 718-495-0507	– Department of Education Districts 13, 14, 15, 16, 20 and 31
Bureau of School Health Region V	– 718-520-4950	– Department of Education Districts 24, 25, 26, 27, 28, 29 and 30

SEPTEMBER 2012

IMMUNIZATION REQUIREMENTS FOR ALL STUDENTS

NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**The following immunization requirements are mandated by law.
Children must be excluded from school if they do not meet these requirements.**

For all students between the ages of two months and eighteen years.

A child’s immunization history must include all of the following vaccines to be considered fully immunized. Their immunization record should be evaluated according to the grade they are enrolled in this school year.

FULL COMPLIANCE

<u>DAY CARE/PRE-KINDERGARTEN</u>	<u>NO. OF DOSES</u>
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis)	4
Fourth dose should be at least 6 months after the third dose.	
IPV (inactivated poliovirus) or OPV (oral poliovirus)	3
MMR (measles-mumps-rubella)	1
On or after the 1st birthday.	
Hib (<i>Haemophilus influenzae</i> type b)	1, 2, or 3
One dose at or after age 15 months. If younger than 15 months, as age appropriate.	
Hepatitis B	3
Varicella	1
On or after the 1st birthday.	
Pneumococcal conjugate (PCV)	1, 2, or 3
For all children born on or after January 1, 2008, as age appropriate.	
<u>KINDERGARTEN</u>	
DTaP or DTP	4
Fourth dose should be at least 6 months after the third dose.	
IPV or OPV	3
MMR	2
One dose on or after the 1st birthday, plus a second dose of a measles-containing vaccine (preferably as MMR) administered at least 28 days after the first dose.	
Hepatitis B	3
Varicella	1*
On or after the 1st birthday.	

<u>GRADES 1–12</u>	<u>NO. OF DOSES</u>
DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis)	3
Vaccine type as appropriate for age.	
Tdap (effective September 1, 2007)	1
For all children in 6th, 7th, 8th, 9th, 10th or 11th grades, born on or after January 1, 1994.	
IPV or OPV	3
MMR	2
One dose on or after the 1st birthday, plus a second dose of a measles-containing vaccine (preferably as MMR) administered at least 28 days or more after the first dose.	
Hepatitis B	2 or 3
All students in all grades.	
3 doses of pediatric hepatitis B vaccine OR 2 doses of the Merck Recombivax[®] HB adult vaccine, given at least 4 months apart. Documentation must clearly specify the type and dose given.	
Varicella (Grades 1–12)	1*
For all children born on or after January 1, 1994, one dose on or after the first birthday.	
* Although only 1 dose of varicella vaccine is required, all children are recommended to receive 2 doses of a 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.	

PROVISIONAL REQUIREMENTS

New students may enter school provisionally with documentation of at least this initial series of immunizations within the previous 2 months. Once admitted provisionally, completion must be as follows: (1) no more than 2 months between the first and second dose, and no more than 6 months between the second and third dose of diphtheria, polio, and hepatitis B and (2) no more than 2 months between the first and second dose of a measles-containing vaccine, preferably MMR. Students must complete the entire series to comply with the law. Students who have not been immunized within the provisional period must be issued exclusion letters and excluded from school until they comply with the requirements.

<u>DAY CARE/PRE-KINDERGARTEN</u>	<u>NO. OF DOSES</u>
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis)	1
IPV (inactivated poliovirus) or OPV (oral poliovirus)	1
MMR (measles-mumps-rubella)	1
On or after the 1st birthday.	
Hib (<i>Haemophilus influenzae type b</i>)	1
Hepatitis B	1
Varicella	1
On or after the 1st birthday.	
Pneumococcal conjugate (PCV)	1
For all children born on or after January 1, 2008	

<u>KINDERGARTEN/GRADES 1-12</u>	<u>NO. OF DOSES</u>
DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis)	1
Vaccine type as appropriate for age.	
Tdap (effective September 1, 2007)	1
For all children in 6th, 7th, 8th, 9th, 10th or 11th grades, born on or after January 1, 1994.	
IPV or OPV	1
MMR	1
On or after the 1st birthday.	
Hepatitis B	1
Varicella (Grades K-12)	1
For all children born on or after January 1, 1994, one dose on or after the first birthday.	

For more information on immunizations or to locate a provider to vaccinate your child, call **311**.

For information about the current Recommended Immunization Schedules see

www.cdc.gov/vaccines/recs/schedules/default.htm

SH 65 (Rev. 02/12)

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Department of Health and Mental Hygiene
Thomas Farley MD, MPH
Commissioner

Department of Education
Dennis M. Walcott
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