

Instructions for Completion of the New York State School Health Examination EHR Compatible Form

In lieu of using the required NYS Health Examination Form, providers may choose to use the approved electronic health record (EHR) compatible form. However, in order to meet all NYS regulatory requirements these directions must be used with the EHR compatible form. The EHR compatible form is to be completed in its entirety (indicate if suggested tests/screenings are not done, or not applicable) by the private provider or school medical director. Education Law requires a physical exam for new entrants and students in grades pre-K or K, 1, 3, 5, 7, 9, and 11; annually for inter-scholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-school special education (CPSE). The date of examination must be noted on the form and be not more than 12 months prior to the start of the school year.

Health History

1. Chronic medical conditions should be listed in patient's problem list. ICD-10 codes should accompany diagnoses ONLY for patients who have Medicaid and have an Individualized Education Plan (IEP) for special education in school and receive related services (i.e. nursing, social worker/psychologist, PT/OT/ST, or special transportation). Alternatively, an order for services with the ICD10 codes included can be submitted separately.
2. Asthma, seizure disorders, life threatening allergies and diabetes must be included if diagnosed, and each require a separately attached care plan:
 - a. Allergies - life threatening allergy care plans should specify what the patient is allergic to. See [AAAI Sample Anaphylaxis Emergency Action Plan](#);
 - b. Asthma - Asthma Action Plans should include medication orders along with directives. See [NYSDOH Asthma Action Plan](#);
 - c. Seizure disorders care plans should include date of last known seizure. See [NYSCSH Seizure ECP with Medication Information](#) ; and
 - d. Diabetes- requires a Diabetes Medical Management Plan (DMMP) specifying the type of diabetes. See [NYSDOH Diabetes Medical Management Plan](#);
3. Consider screening for T2DM if BMI% >85% and child has 2 or more risk factors: Family history of T2DM, ethnicity, symptoms of insulin resistance, history of gestational diabetes in the mother, and/or pre-diabetes.
4. Include hyperlipidemia and hypertension if diagnosed.
5. Include mention of unpaired eye, kidney or testicle if relevant.
6. Include mental health diagnoses where permitted by patient/family.
7. Under allergies, list all allergies including medication, food, insects, latex, and other environmental allergens.
8. Attach medication administration forms for medication which will be administered in school.
9. Include problems relevant to the child's needs at school if not included in the problem list .
10. Height, weight, and BMI must be provided including percentile for each, as well as marking appropriate BMI category. Those include <5th, 5th-49th, 50th-84th, 85th-94th, 95th-98th, 99th and greater.
11. Pulse and respiratory rate are to be documented for students with diagnosed respiratory or cardiac conditions whose baseline rates are outside the normal range for age.

Laboratory and Diagnostic Testing

1. Tuberculosis screening, if indicated and performed, should specify type of testing (PPD or Interferon-gamma release assay), result, and test date.
2. Results of most recent prior lead level testing is required for students in PreK and K if available. If no test results reported the family will be given educational information about lead poisoning by school personnel.
3. Sick cell screening is optional based upon discretion of provider.
4. Screening for vision and hearing in grades PreK or K, 1, 3, 5, 7, and 11, and for scoliosis in grades 5 and 7 for girls, grade 9 for boys that is not done or reported on the school form will be performed by the school.
 - o Vision screening should include the results of distance acuity testing in each eye (pass is 20/30 or better), an assessment of near vision acuity (pass is 20/40 or better). Color vision (pass/fail) is required if student is attending a new school. See [NYSED Vision Screening Guidelines for Schools](#) .
 - o Hearing screening should be performed at 20 dB and pass or fail noted for each frequency (500Hz, 1000Hz, 2000Hz, 4000Hz); for children ≥11 years of age (grades 7 & 11) should also be screened for high frequency hearing loss by testing at 6000Hz and 8000Hz. See [NYSED Hearing Screening Guidelines for Schools](#) .

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Physical Examination/ Assessment

1. A complete physical exam must include the following systems: HEENT, Dental, Neck, Lymph nodes, Lungs, Abdomen, Back/Spine including screening for scoliosis (see above grade levels), Genitourinary, Extremities, Skin, Neurological, Cardiovascular, Speech/Language, Social-Emotional, and Musculoskeletal. Abnormal findings on review of systems and physical exam should be noted.

Tanner Staging (1-5) is required **ONLY** for any student in Grades 7 or 8 to play sports at a high school level or Grades 9-12 to play middle school level sports

Assessment and Recommendations

1. State “has no restrictions” if applicable. Please note any restrictions on physical activity including participation in physical education, sports, playground and work. Include applicable limitations on participation in sports by level of contact:
 - a. Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling
 - b. Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball
 - c. Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field
2. List any accommodations required for participation, including but not limited to: Brace/Orthotic, Insulin pump/sensor, Protective equipment, Colostomy appliance, Medical/Prosthetic device, Sport safety goggles, Hearing aids, Pacemaker/Defibrillator, etc. Specific approval and associated documentation may be required if use of device will occur during athletic competitions, please check with athletic governing body for more information.
3. Chronic medications needed **at school** should be listed and include- medication strength/concentration, formulation, dose, frequency, and timing- or indicate separate order attached.
4. Providers may attach an immunization form or refer to NYSIIS registry if record available and complete.
5. Referrals, such as those for abnormalities on vision or hearing screening should be noted.
6. Please include any additional information that may be useful to the school that is not otherwise solicited.