MCH 213G School Health Entrance Form Instructions

Part I-Health Information Form

Part I is to be completed by the parent or guardian and reviewed for accuracy by the health care provider conducting the comprehensive physical examination.
Please note that there are three signature lines at the bottom of the page. The first two signatures are required.

1. Signature of the legal guardian or parent (located inside the box)- provides written authorization for the child's health care provider and the designated provider of health care in the school setting to discuss the child's health concerns and/or exchange information pertaining to this form.
2. Signature of the person completing the form- this may or may not be the parent or legal guardian.
3. Signature of the Interpreter-needed only if the form was completed with the assistance of an interpreter.

Part II-Certification of Immunization

Instructions for completing *Part II, Sections I and/or II,* are located under each section respectively.

For current immunization requirements, consult the Division of Immunization web site at http://www.vdh.virginia.gov/epidemiology/immunization.

Part III-Comprehensive Physical Examination Report

The Code of Virginia requires documentation of a comprehensive physical examination upon entry to public kindergarten or elementary school. The physical examination must be completed by a qualified licensed physician, nurse practitioner, or physician assistant, and must be completed within 12 months prior to the date such child first enters public kindergarten or elementary school. The physical examination is required to protect the public from communicable disease, and to identify physical, social-emotional, or developmental needs the child has so that the school (1) can prepare to assist with meeting their needs, and (2) initiate necessary interventions to maximize the child's school readiness. Public school divisions may require additional components. The school entrance health form is also widely used by providers of child care, Head Start, Virginia Preschool Initiative (VPI), and the Infant and Toddler Connection (Part C Early Intervention) services.

The content of the comprehensive physical examination is based on *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition (revised 2008).* Wherever possible, documentation meets expectations for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements.

Part III-Comprehensive Physical Examination Report is to be completed by a qualified licensed physician, nurse practitioner, or physician assistant.
Complete the child's name, date of birth, and check the appropriate box indicating child's sex.

Health Assessment
Complete the Health Assessment section as appropriate. Check the boxes for "age/gender appropriate history completed" and "anticipatory guidance provided" to indicate that you have completed these tasks.

TB Screening
All children should be screened for risk factors for tuberculosis (TB) prior to school entry. Some school systems have specific requirements for screening certain populations, and providers should be knowledgeable of the requirements for their localities.

All children should be screened for symptoms of active TB disease. Older children can present with classic TB symptoms to include productive cough, fever, night sweats, weight loss, poor appetite and fatigue. Younger children may present with non-specific symptoms such as failure to gain weight, poor appetite and fatigue instead of the classic TB symptoms. All children with symptoms should receive further evaluation with a chest x-ray, and/or other examinations as appropriate to rule out active disease.

Children should then be screened for potential risks for acquiring TB infection. Those with a risk factor should receive a test for TB infection, either a tuberculin skin test or an interferon gamma release assay (IGRA). Children testing positive for TB infection should have a chest x-ray and any additional follow-up needed, based on the results of the x-ray and clinical evaluation.

Risks for acquiring TB infection include: close contact with a household member or other individual with active TB disease, birth or residence in a TB endemic country, and travel to or visitors from TB endemic countries. A list of low risk countries (non-TB endemic countries), is available at http://www.vdh.virginia.gov/tb/documents/ExceptionList_2013_000.pdf.
A sample TB risk assessment form and instructions is available at:
http://www.vdh.virginia.gov/tb/documents/Form512withsite.pdf and
http://www.vdh.virginia.gov/tb/documents/512Instructions.pdf .

If a child has no risk factor for acquiring TB infection, and no symptoms compatible with active TB disease, check the appropriate box, "no risk for TB infection identified" or "no symptoms compatible with active TB disease". All others will require further evaluation prior to school entry.

Information on diagnosing active TB disease and TB infection in children and adolescents is located in the American Academy of Pediatrics *Redbook: 2012 Report of the Committee on Infectious Diseases.* For additional questions regarding Tuberculosis screening, contact the Virginia Department of Health TB Control and Prevention Program by telephone at 804.864.7906.

Note: *Some localities **may require** TB tests on all children for school or other program entry.*

Physical Examination
Check the appropriate box for each body system examined using the following guide:
1= Within normal limits
2= Abnormal finding
3= Referred for evaluation or treatment (Indicates that the provider has made a direct referral to another provider, or advised the parent/guardian to follow up with another provider)

Early Periodic Screening, Diagnosis, & Treatment (EPSDT) Screens Required for Head Start
EPSDT screening and diagnostic tests are required for students entering Head Start programs. EPSDT screening includes: blood lead (test at age 1 and 2, or age 3 if not previously done) and a screen for anemia (hemoglobin or hematocrit annually at ages 2 - 5). Document the specific results and the date of each in the spaces provided. For other children, lead or anemia screen test results may be noted in this section as information for the personnel reviewing the form.

Developmental Screen
Screening for age appropriate development is a critical component of well child care and is integral to identifying children who may need assistance in the school or other structured environment. The established standard of well child care recognizes the use of a standardized tool for assessing development. Examples of tools that have been validated and found to be efficient for use in provider offices include: Parent's Evaluation of Developmental Skills (PEDS) and Ages and Stages Questionnaires (ASQ). *Bright Futures* milestones are also used in such screening.

Assessment Method: Indicate the tool or method used to evaluate the child. Note the results:

- Check in the column if findings are within the normal range
- Specify any/all concerns identified in the appropriate row/column
- Check if you referred the child for further evaluation (either made a direct referral to another provider, or advised the parent to follow up)

Hearing Screen
Check the box for the screening method used and indicate the results for each method. Pure tone audiometer should be screened at 20 dB HL in each ear.
Check the boxes as applicable:

- Referred to audiologist/ENT (if child does not pass at the 20 dB level)
- Permanent hearing loss previously identified: ____Left ___Right
- Hearing aid or other assistive device (such as cochlear implant)
- If you are unable to complete a hearing screen, check the box "unable to test – needs rescreen". This will alert school personnel to conduct a hearing screen.

Vision Screen
Check the box indicated if the test was performed with the child wearing corrective lenses.
Indicate the results of a stereopsis screen, if conducted (up to age 9); check the appropriate box if not.
Indicate the results of the distance acuity screen and note the test used; examples include Snellen letters, Snellen numbers, tumbling E chart, Picture tests, Allen figures. Distance testing at 10 feet is recommended.
Check the boxes as applicable:

- Pass
- Referred to eye doctor (results greater than 20/40 with either eye if child is 3 – 5 years old, or 20/30 if 6 years or older, or if there is a two-line difference between the eyes even in the passing range)
- If you are unable to complete a vision screen, check the box "unable to test – needs rescreen". This will alert school personnel to conduct a vision screen.

Dental Screen

Dental caries (tooth decay) is the most common chronic disease in children. At the time of school entry, all children should be receiving routine preventive care in a dental office (dental home). "The American Academy of Pediatric Dentistry (AAPD) supports the concept of a dental home for all infants, children, adolescents, and persons with special health care needs. The dental home is inclusive of all aspects of oral health that result from the interaction of the patient, parents, dentists, dental professionals, and nondental professionals. . .Children who have a dental home are more likely to receive appropriate preventive and routine oral health care. Referral by the primary care physician or health provider has been recommended, based on risk assessment, as early as six months of age, six months after the first tooth erupts, and no later than 12 months of age. . .The AAPD encourages parents and other health care providers to help every child establish a dental home by 12 months of age" (American Academy of Pediatric Dentistry, 2012).
Perform a visual examination of the teeth and mouth, lifting the lip to observe the condition of the gums. Based on your exam findings, check the appropriate box:

- Problem Identified: Referred for treatment (there are signs of caries, periodontal disease, soft tissue pathology, or a significant abnormal orthodontic condition requiring additional evaluation or corrective intervention in a dental office), www.vdh.virginia.gov/ofhs/childandfamily/dental/
- No Problem: Referred for prevention (there is no evidence of pathology and the mouth appears normal, but the child is not currently receiving routine preventive dental care) to include dental sealants and fluoride varnish applications
- No Referral: Already receiving care in a dental home (the mouth appears normal, and the child receives regular dental care, including preventive dental services; sealants and fluoride varnish applications, as reported by the parent). ***Note:*** the child may have had a single or recent dental visit for an acute problem such as a broken tooth. This alone does not constitute a dental home.

Use the *Recommendations to (Pre) School, Child Care, or Early Intervention Personnel* section to summarize any diagnoses, abnormal findings, or concerns from the physical examination that are of significance.

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel

This box communicates specific information about the child to the school or other program he/she will be entering. It is your opportunity to inform the school/program about this child's health status, special needs or considerations, and communicate any concerns that may help the school/program prepare for the child. ***This box must be completed in order for the form to be accepted by (pre)school personnel.***

Summary of Findings: Check the box "Well child; no conditions identified of concern to school program activities" if the findings from your examination and screening are all within normal range, or not significant to the child's school entry, e.g., an acute upper respiratory infection. Check the box "Conditions identified that are important to schooling or physical activity" if there were any diagnoses or substantive abnormal findings on your examination or screening that should be flagged for school personnel, e.g., asthma, eczema, heart murmur. Use the space provided to summarize such findings from your exam or screenings.

- **Allergy:** Check the type of allergy, specify the allergen, the type of reaction, and the response required.
- **Individualized Health Care Plan (IHP) Needed:** Note if an individualized care plan (IHP) is needed for any identified health condition such as asthma, diabetes, seizure disorder, severe allergy, etc. The parent will need to collaborate with the child's health care provider and provide required physician orders for school personnel. The care plan will be initiated by the school nurse and does not need to accompany this form at the time of enrollment.
- **Restricted Activity**: Indicate any restrictions to physical activity, required assistive devices, or any limitations the child has which needs to be communicated to school personnel.
- **Developmental Evaluation**: Note if the child already has a current individualized education plan (IEP), or specify any further evaluation needs.
- **Medication:** Note if the child routinely takes medication, and further document if medication must be administered while student is at school. If this is the case, parents will need to provide the school with physician orders, parental authorization, and medication/supplies to administer medication. The parent should check with the school for the appropriate form and documentation needed. Parental authorization does not need to accompany this form at the time of enrollment.
- **Special Diet:** Document special dietary needs that have medical implications, e.g., metabolic restrictions, tube feedings. The parent will need to communicate any special dietary requests to school nutrition services and/or the school nurse. Parents will need to provide physician orders, parental authorization, and supplies to school personnel.
- **Special Needs:** Summarize any special health care needs (not otherwise addressed here) of which school personnel should be aware, i.e., oxygen, treatments, etc.
- **Other Comments:** Document any other findings or recommendations that will help school or other program personnel prepare for the child, or assist the child's family.

Health Care Professional's Certification:

Provide the requested information about the provider who completed the exam and practice location contact information. ***The signature line must be completed***. An electronic signature as well as a signature stamp is acceptable.

References-

American Academy of Pediatrics. [Summaries of Infectious Diseases]. In: Pickering LK, Baker CJ, Kimberlin, DW, Long SS, eds. *Red Book: 2012 Report of the Committee on Infectious Diseases.* Elk Grove Village, IL: American Academy of Pediatrics; 2012:736-759

American Academy of Pediatric Dentistry [AAPD]. (2012). *Policy on the dental home.* Retrieved March 28, 2014, from http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf

Hagan JF, Shaw JS, Duncan PM, eds. 2008. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* Third Edition. Elk Grove Village, IL: American Academy of Pediatrics.

Reference website resources-

Healthy Futures Virginia (Bright Futures)-www.healthyfuturesva.com

Virginia Child Day Center Regulations-
http://www.dss.virginia.gov/facility/child_care/licensed/child_day_centers/

Virginia Department of Education School Health Specialist-
http://www.doe.virginia.gov/support/health_medical/index.shtml

http://www.vdh.virginia.gov/epidemiology/Immunization/requirements.htm-VDH immunization schedule/requirements

Virginia Department of Health Division of Child and Family Health-
http://www.vdh.virginia.gov/ofhs/childandfamily/

Virginia Head Start Association- http://www.headstartva.org/index.php-

Virginia Department of Health School Age Health Specialist-
http://www.vdh.virginia.gov/ofhs/childandfamily/childhealth/schoolhealth/