

School Health Entrance Form (2007) Instructions

Part I

Part I is to be completed by the parent or guardian.

Please note that there are three signature lines at the bottom of the page. The first two signatures are required.

1. Inside the box -- signature of the legal guardian or parent: notes authorization for information sharing only.
2. Signature of the person completing the form: this may or may not be the parent or legal guardian; this signature is separate from that authorizing sharing of information.
3. Signature of the Interpreter: needed only if the form was completed with the assistance of an interpreter.

Part II

Instructions for the immunization records are included on the form.

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

Part III

The Code of Virginia requires documentation of a comprehensive physical examination upon entry to public kindergarten or elementary school. The physical examination must be done by a licensed physician, nurse practitioner, or physician assistant, and must be completed no longer than one year before school entry. 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 (1) the school can begin to prepare to assist those needs, and (2) necessary interventions can be initiated to maximize the child's school readiness. **For these reasons, in order for a child to be admitted to school without delay, Part I, Part II and -- at minimum -- the *Recommendations to (Pre) School, Child Care, or Early Intervention Personnel on Part III* must be completed in full.** Local school divisions may require other components. The School Health Entrance Form is also widely used by providers of child care, Head Start, Virginia Preschool Initiative (VPI), and Infant and Toddler Connection (Part C Early Intervention) services. School or other program personnel will contact health care professionals about forms where required sections are incomplete.

The content of the examination is based on *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents*. Wherever possible, the documentation meets expectations for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements. Web-based continuing education modules on **current** Bright Futures and EPSDT standards are accessible at www.vcu-cme.org/bf. Revisions to the content of this training are in process to accommodate the new release of Bright Futures later in 2007.

Health Assessment/Physical Examination

Refer to Part I as completed by the parent to assist in taking or clarifying the child's history. Checking the boxes for "age/gender appropriate history" and "anticipatory guidance provided" indicates that you have completed these tasks.

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 (this indicates the provider has made a direct referral to another provider, or advised the parent to follow up with another provider)

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.

Perform a risk screen for tuberculosis considering the following risk factors:

- Exposure to TB or to high risk adults
- TB-like symptoms
- Lived in high prevalence country or extensive travel in areas of high prevalence
- Homelessness or resident in congregate living
- Medically underserved
- HIV infection or receiving immunosuppressive therapy
- Other medical risk factors (i.e., malignancy, diabetes)

If the child is not at risk according to one of these factors, check the box for TB Risk Screen Negative. If the child is at risk, check the box for TB Risk Screen Positive; if you then administer a Mantoux test, document the results in the space provided. Some localities **may require** TB tests on all children for school or other program entry.

Note: If completing this form for use in Head Start, EPSDT screening and diagnostic tests apply. This 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). Record the specific results and the date of each in the spaces provided. For other children, EPSDT lead or anemia screen, or any significant history of abnormal test results, **may** be noted in this section as information to 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 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), Ages and Stages Questionnaires (ASQ), and Child Development Inventories (CDI). 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
- 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 (worse than 20/40 with either eye if child is 3 – 5 years old, or 20/30 is 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. By the time of school entry, all children should be receiving routine preventive care in a dental office (dental home). Perform a visual examination of the mouth, lifting the lip to observe the condition of the gums. Based on your exam, 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)
- 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)
- No Referral: Already receiving care in a dental home (the mouth appears normal, and the child receives regular dental care 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.

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 raise 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 Needed:** Note if a Care Plan is needed for any identified condition such as asthma, diabetes, seizure disorder, severe allergy, etc. The parent will need to collaborate with the child’s health care practitioner and provide a Care Plan to school personnel. The Care Plan 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, of which school personnel need to be aware.
- **Developmental Evaluation:** Note if the child already has an individualized education plan (IEP), or specify any further evaluation needs.
- **Medication:** Note if the child takes medicine, and further note if that medicine must be given or available at school. If this is the case, parents will need to provide the school with authorization. The parent should check with the school for the appropriate form and documentation needed. Authorization does not need to accompany this form at the time of enrollment.
- **Special Diet:** Note 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.
- **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:** Note 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;*** a signature stamp is allowed.

Helpful Web Addresses:

<http://www.vahealth.org/schoolhealth/publications.asp>

<http://www.pen.k12.va.us/VDOE/Instruction/Health/home.html>

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

<http://www.headstartva.org/resources/index.htm> -- Additional resources and links, including federal regulations for Head Start

<http://www.vdh.virginia.gov/epidemiology/immunization> -- Immunization schedule/requirements

www.vcu-cme.org/bf -- Bright Futures and EPSDT requirements (under revision 2007)