



HARRISON CENTRAL SCHOOL DISTRICT

50 Union Avenue
Harrison, New York 10528
(914) 835-3300

New York State Public Health Law Requirements for Entrance & Required Health Forms

In order to enroll a new student, New York State requires that the parent or guardian of each new entrant provide the following medical documentation. Bring this packet to your child's physician and use this cover page as a checklist of the forms that you need to complete and return.

PROOF OF IMMUNIZATIONS

The Harrison Central School District is required by New York State Public Health Law to have on file acceptable proof of immunizations for each student upon entering school, and to identify and exclude from school any child that is not in compliance with current and applicable New York State immunization requirements.

PROOF OF IMMUNIZATION must be any 1 of the 3 items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry Report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases*
* For Varicella (Chickenpox), a note from your health care provider that states your child had the disease is also acceptable.

All new students must be screened for Tuberculosis by their physician.

Students who fall into the high risk category must have a negative PPD within 12 months of entry. BCG does not preclude testing. Any positive PPD requires a follow-up chest x-ray or QuantiFERON-TB Gold blood test. Students who do not require Tuberculosis testing must submit a waiver, signed by their physician, stating that they are not at risk for Tuberculosis.

- STUDENT HEALTH EXAMINATION FORM**, including Body Mass Index (BMI), is required for all new students. The form must be completed by your child's physician. Examinations performed within the 12 month period prior to entry are acceptable.
- HEALTH HISTORY QUESTIONNAIRE** is to be completed by the parent or guardian of an entering student. The questionnaire provides important health related information about your child.
- DENTAL EXAM FORM** is requested and must be completed by your child's dentist. This form is not required for entry and can be returned during the school year.

Also included in this packet is a Health Reference Sheet, which provides important information regarding health procedures in our schools. Parents and students are urged to fully acquaint themselves with these procedures. It is our goal to provide a healthy and safe environment for your child. Your attention to these forms is appreciated.



HARRISON CENTRAL SCHOOL DISTRICT PROOF OF IMMUNIZATION

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

IMMUNIZATION HISTORY

DTaP/DT/Td					
Tdap					
Polio – IPV					
Live Measles Vaccine	#1	#2	Disease		
Live Mumps Vaccine	#1	#2	Disease		
Live Rubella Vaccine	#1	#2	Disease		
Varicella	#1	#2			
Hepatitis B Vaccine	#1	#2	#3		
Hepatitis A	#1	#2	#3		

TUBERCULIN SKIN TEST

*** If the student has had a medically documented, positive TST in the past, the test need not be repeated. Go to Section B below.

A. Tuberculin Skin Test (Mantoux/Intermediate PPD) – WITHIN 12 MONTHS OF ENTRY

Test must be read by a health care provider 48-72 hours after administration. If there is no induration, indicate "0" under results. Tine or Mono-Vac tests are not accepted.

Date test administered: ____ / ____ / ____ Date test read: ____ / ____ / ____ Result: _____ mm induration

Test interpretation (refer to table below): Negative Positive

Risk Factor	Positive Result
Close contact with case of TB/is immunocompromised	5 mm or more
Born in country with a high rate of tuberculosis	10 mm or more
Traveled or lived for a month or more in a country with a high rate of tuberculosis	10 mm or more
No risk factors (PPD should not be performed)	15 mm or more (if PPD done)

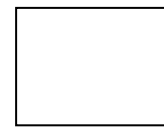
B. If Tuberculin Skin Test is Positive, now or previously, the following are required:

1. Date of Positive PPD: ____ / ____ / ____
2. Chest X-ray: (please attach copy of report) ____ / ____ / ____ Normal Abnormal
If Abnormal, describe: _____
3. Clinical Evaluation: Normal Abnormal
If Abnormal, describe: _____
4. Treatment: No (please explain): _____
 Yes (Drug, Dose, Frequency, Dates): _____

C. Tuberculin Skin Test screening not indicated (Student has none of the above risk factors): _____ (Physician's Signature Required)

Physician's Signature: _____ Phone: _____ (Physician's Stamp below)

Physician's Name/Address: _____ Fax: _____



This health appraisal complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school physician.