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| EYES EARS |  | Name: | | | | | | | | |  | | | | | | | | | | | | Sex: | | | | | | Birthday: | | | | | | |  | | | |
|  |  | **Parent/Guardian Name** | | | | | | | | | Address | | | | | | | | | | | | Phone | | | | | | Cell | | | | | | | Bus. Phone | | | |
|  |  |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | |
|  |  |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | |
|  |  | School Name & Location | | | | | | | | | Date Entered Date Left | | | | | | | | | | | | Emergency Contact | | | | | | | | | | | | | Phone | | | |
|  |  |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
|  |  |  | | | | | | | | |  | | | | | | | | | | | | Physician Name | | | | | | | | | | | | | Phone | | | |
|  |  |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
|  |  | IMMUNIZATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | MenACWY |  | | |  | | |  | | |  | | | DTaP | |  | |  | |  | | |  | | | Hep B | | |  | |  | | |  | | |  | |
|  |  | Polio (OPV/IPV) |  | | |  | | |  | | |  | | | Hib | |  | |  | |  | | |  | | | HPV | | |  | |  | | |  | | |  | |
|  |  | Varivax disease |  | | |  | | |  | | |  | | | MMR | |  | |  | |  | | |  | | | PCV | | |  | |  | | |  | | |  | |
|  |  | Tdap |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | | |  | | |  | |
|  |  | Sickle Cell |  | | |  | | |  | | |  | | | PPD | |  | |  | |  | | |  | | | Lead | | |  | |  | | |  | | |  | |
|  |  | HEALTH HISTORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Allergies | | | | | | Epi-Pen | | | | | | Asthma | | | | | | | | | | | | Blood Immune Condition | | | | | | | | | | | | | |
|  |  | Diabetes Type1 | | | | | | Type 2 | | | | | | Head Injury | | | | | | | | | | | | Seizure Disorder | | | | | | | | | | | | | |
|  |  | SCREENING PROCEDURES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Grade | | **Pre-K** | | | **K** | | | **1** | | | **2** | | | **3** | | **4** | | **5** | | **6** | | | **7** | | | **8** | | | **9** | | | **10** | | **11** | | | **12** |
|  |  | Height | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  |
|  |  | Weight | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  |
|  |  | Date | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  |
| EYES |  | Color | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  |
| NEAR | With Correction R | | 20/ | | | 20/ | | | 20/ | | | 20/ | | | 20/ | | 20/ | | 20/ | | 20/ | | | 20/ | | | 20/ | | | 20/ | | | 20/ | | 20/ | | | 20/ |
| Glasses/Contacts L | | 20/ | | | 20/ | | | 20/ | | | 20/ | | | 20/ | | 20/ | | 20/ | | 20/ | | | 20/ | | | 20/ | | | 20/ | | | 20/ | | 20/ | | | 20/ |
| No Correction R | | 20/ | | | 20/ | | | 20/ | | | 20/ | | | 20/ | | 20/ | | 20/ | | 20/ | | | 20/ | | | 20/ | | | 20/ | | | 20/ | | 20/ | | | 20/ |
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| DISTANCE | With Correction R | | 20/ | | | 20/ | | | 20/ | | | 20/ | | | 20/ | | 20/ | | 20/ | | 20/ | | | 20/ | | | 20/ | | | 20/ | | | 20/ | | 20/ | | | 20/ |
| Glasses/Contacts L | | 20/ | | | 20/ | | | 20/ | | | 20/ | | | 20/ | | 20/ | | 20/ | | 20/ | | | 20/ | | | 20/ | | | 20/ | | | 20/ | | 20/ | | | 20/ |
| No Correction R | | 20/ | | | 20/ | | | 20/ | | | 20/ | | | 20/ | | 20/ | | 20/ | | 20/ | | | 20/ | | | 20/ | | | 20/ | | | 20/ | | 20/ | | | 20/ |
| L | | 20/ | | | 20/ | | | 20/ | | | 20/ | | | 20/ | | 20/ | | 20/ | | 20/ | | | 20/ | | | 20/ | | | 20/ | | | 20/ | | 20/ | | | 20/ |
|  | Referral Date | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  |
| EARS | | Date | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  |
| R | | sc | | | sc | | | sc | | | sc | | | sc | | sc | | sc | | sc | | | sc | | | sc | | | sc | | | sc | | sc | | | sc |
| L | | sc | | | sc | | | sc | | | sc | | | sc | | sc | | sc | | sc | | | sc | | | sc | | | sc | | | sc | | sc | | | sc |
| Referral Date | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  |
|  |  | **SCOLIOSIS** Date | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  |
|  |  | Results | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  |
|  |  | Referral /Date | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  |
|  |  | Dental Certificate | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  |
|  |  | HEALTH APPRAISALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Age/Grade | | / | | | / | | | / | | | / | | | / | | / | | / | | / | | | / | | | / | | | / | | / | | / | | / | | |
|  |  | Blood Pressure | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | Tanner Stage | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | BMI Percentile | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | Weight Status Category | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | Skin | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | HEENT/Teeth | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | Lymph/Thyroid | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | Cardiovascular | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | Lungs | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | Abdomen | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | Genito-urinary | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | Musculoskeletal | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | Scoliosis | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | Nervous System | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | Social/Emotional | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | Speech | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | PE Date | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | MD/DO/NP/PA | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |
|  |  | **Classification per Contact:** | | | 1. **Contact Sports:** Basketball, Competitive Cheer, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, Wrestling  2. **Limited Contact**: Baseball, Fencing, Softball, Volleyball  3. **Non-Contact**: Archery, Badminton, Bowling, Cross-Country, Diving, Golf, Rifle, Skiing, Swim, Tennis, Track & Field | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | \***WSC Percentile:**  less than 5th   5th through 49th  50th through 84th  85th through 94th  95th through 98th  99th and higher  Sample Resource created by the New York State Center for School Health [www.schoolhealthny.com](http://www.schoolhealthny.com) – 08/2019 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Nurse’s Notes:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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This resource is available on the NYS Center for School Health website at [www.schoolhealthny.com](file:///C:\Users\lkhalil\Downloads\www.schoolhealthny.com) 8/2019