X

**NYS** **Required**

X

**NYC** **Required**

X

**NYS** **Optional**

X

**NYC** **Optional**

|  |  |
| --- | --- |
|  |  |
| **NYS** **and** **NYC** **Screening** **&** **Health** **Exam** **Requirements** |  |
|  |
|  | **New** **Entrant** | **Pre** **K** **or** **K\*** | **Grade** **1** | **Grade** **2** | **Grade** **3** | **Grade** **4** | **Grade** **5** | **Grade** **6** | **Grade** **7** | **Grade** **8** | **Grade** **9** | **Grade** **10** | **Grade** **11** | **Grade** **12** |  |
|  |  |
| **HEARING** **SCREENING:** |  |
| **Pure** **Tone** | **X** | **X** | **X** |  | **X** |  | **X** |  | **X** |  |  |  | **X** |  |
| **SCOLIOSIS** **SCREENING** |
| **Boys** |  |  |  |  |  |  |  |  |  |  | **X** |  |  |  |
| **Girls** |  |  |  |  |  |  | **X** |  | **X** |  |  |  |  |  |
| **VISION** **SCREENING** |
| **Color** **Perception** | **X** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **X** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Fusion** |  | **X** | **X** |  |  |  |  |  |  |  |  |  |  |  |
| **Near** **Vision** | **X** | **X** | **X** |  | **X** |  | **X** |  | **X** |  |  |  | **X** |  |
| **X** | **X** | **X** |  | **X** |  | **X** |  |  |  |  |  |  |  |
| **Distance** **Acuity** | **X** | **X** | **X** |  | **X** |  | **X** |  | **X** |  |  |  | **X** |  |
| **X** | **X** | **X** |  | **X** |  | **X** |  |  |  |  |  |  |  |
| **Hyperopia** | **X** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| \*Determine if your Kindergarten or Pre K students are your district's new entrants. |
|  |  |
| **Health** **Examination** **Overview** |  |
|  |
|  | **New** **Entrant** | **Pre** **K** **or** **K** | **Grade** **1** | **Grade** **2** | **Grade** **3** | **Grade** **4** | **Grade** **5** | **Grade** **6** | **Grade** **7** | **Grade** **8** | **Grade** **9** | **Grade** **10** | **Grade** **11** | **Grade** **12** |  |
|  |  |
| **Health** **Examination\*\*** | **X** | **X** | **X** |  | **X** |  | **X** |  | **X** |  | **X** |  | **X** |  |  |
| **X** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dental** **Certificate** | **X** | **X** | **X** |  | **X** |  | **X** |  | **X** |  | **X** |  | **X** |  |
|  |

\*\*Health Examinations may be either a Health Appraisal (health exam performed by the School Medical Director) or Health Certificate (health exam performed by the student's primary medicalprovider). They must be dated no more than 12 months prior to the start of the school year in which they are required, or the date of entrance to the school for new entrants.

**This** **sample** **resource** **was** **created** **by** **the** **New** **York** **State** **Center** **for** **School** **Health** **and** **is** **located** **at** **www.schoolhealthny.com** **in** **the** **Laws|Guidelines|Memos** **-** **Effective** **July** **2018**