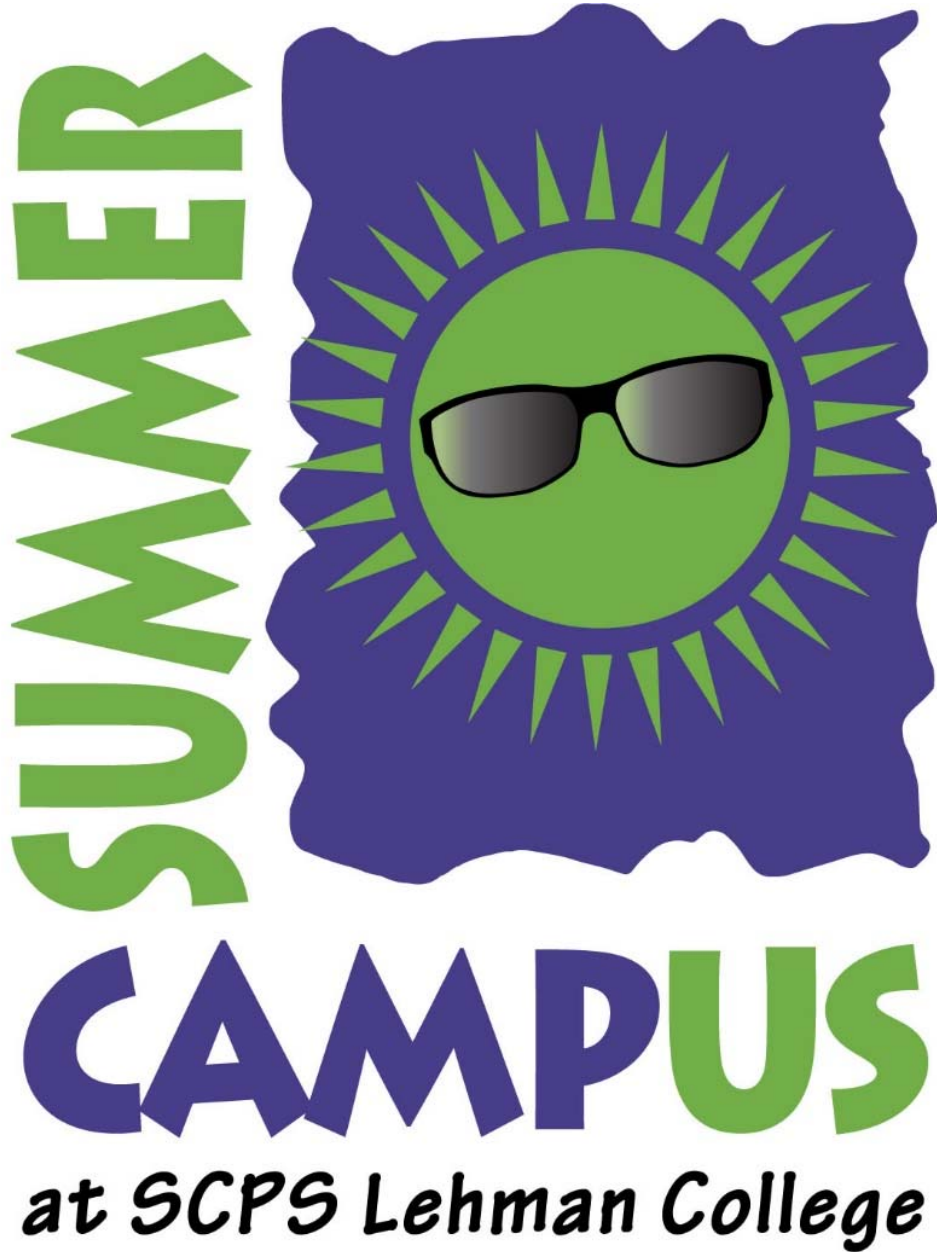


**MORE THAN A CAMP
APPLICATION 2020**



LEHMAN
COLLEGE





LEHMAN COLLEGE SCPS - SUMMER CAMP 2020

WELCOME!

More than a Camp is one of the most comprehensive and affordable summer camps in the Bronx held on the beautiful 37-acre, tree-lined campus of Lehman College. We are pleased to offer your child a memorable summer filled with exciting activities with the goal of developing children's academic, social and athletic skills. Creative teachers and counselors provide encouragement and motivation in a relaxed, supportive environment. Full-day and half-day sessions are available in July and August with early bird discounts and payment plan options. Free breakfast and lunch are provided. We look forward to welcoming your child to an exciting summer experience!

The camp is licensed by the NYC Department of Health and Mental Hygiene.

REGISTRATION 2020 CHECKLIST***:

Registration may be done at 1 time (Deposit paid by Money Order Only with tuition balance MC/VI/DS) or in 2 steps (Step 1: Deposit & Step 2: Tuition Balance, plus complete Application, but must be completed prior to final due date, as follows:

STEP 1: CAMP DEPOSIT by Money Order ONLY is made and the following completed:

- FULL-DAY CAMP DEPOSIT: **\$100 MONEY ORDER** for EACH Camp (\$200 for two full day camps)
- HALF-DAY CAMP DEPOSIT: **\$50 MONEY ORDER** for EACH Camp (\$100 for two half-day camps)
- CAMPER INFORMATION FORM p. 3 and SUMMER CAMP CHOICE FORM p. 4.
- CAMP OPEN HOUSES on Saturday 10:30 am, 4/4 in Carman B34 or 5/30 in Carman B08

STEP 2: FINAL CAMP TUITION BALANCE* excluding deposit is paid by MO/MC/VI/DS and COMPLETED APPLICATION, by Final Due Date:

- COPY of Camper Information Form WITH PHOTO and Summer Camp Choice Form
- Signed EMERGENCY CONTACT & CONSENT INFORMATION Form
- Signed Lehman Rules and Regulations
- Signed Apex Rules
- Signed Lehman Policies and Procedures
- Signed CUNY Consent and Release Form
- Physical Form with Immunization Records using DOH FORM ONLY; NO COPIES OF RESULTS
- Birth Certificate copy
- Camp Tuition Payment-in-Full by Final Due Date
- Attend a Camp Orientation: Sat., June 27 for July Camp or Sat., July 18 for August C

***NOTICE: 1199 Child Care Fund Members must submit entire completed application including required documents plus official 1199 letter in-person to Carman Hall 128 to complete camp registration.

*CAMP PAYMENT DUE DATES & EARLY BIRD DISCOUNTS :

MARK YOUR CALENDARS! EARLY BIRD DISCOUNT PRICING DUE DATES:

APRIL 29 : JULY CAMP DISCOUNT: COMPLETED APPLICATION, DEPOSIT & TUITION TOTAL DUE

*Full-Day: \$1528 includes \$100 non-refundable Deposit *Half-Day: \$764 includes \$50 non-refundable Deposit
OR

JUNE 3 : AUGUST CAMP DISCOUNT: COMPLETED APPLICATION, DEPOSIT & TUITION TOTAL DUE

*Full-Day: \$1528 includes \$100 non-refundable Deposit *Half-Day: \$764 includes \$50 non-refundable Deposit
OR

JULY CAMP: JUNE 10 : NO DISCOUNTS: FINAL DUE DATE

AUGUST CAMP: JULY 8 : NO DISCOUNTS: FINAL DUE DATE

Full-Day: \$1728 includes \$100 non-refundable Deposit – Money Orders ONLY

Half-Day: \$864 includes \$50 non-refundable Deposit - Money Orders ONLY

QUESTIONS? Visit www.lehman.edu/ce, call 718-960-8512 or email summer.camp@lehman.cuny.edu



CAMP PAYMENT WORKSHEET 2020

(Keep for your records)

DATE PAID	FULL-DAY DEPOSIT	HALF-DAY DEPOSIT	OTHER PAYMENT
_____	July or August Camp \$100 Money Order	July or August Camp \$50 Money Order	_____
_____	July AND August Camp \$200 Money Order	July AND August Camp \$100 Money Order	_____

JULY CAMP - EARLY BIRD DISCOUNT for Wednesday, April 29

BALANCE: Full-Day: \$1528 after \$100 deposit made or Half-Day: \$714 after \$50 deposit made

DATE PAID: _____

AUGUST CAMP - EARLY BIRD DISCOUNT for Wednesday, June 3

BALANCE: Full-Day: \$1528 after \$100 deposit made or Half-Day: \$714 after \$50 deposit made

DATE PAID: _____

FINAL DUE DATE for JULY CAMP on Wednesday, June 10:

BALANCE: Full-Day: \$1628 after \$100 deposit made or Half-Day: \$814 after \$50 deposit made

DATE PAID: _____

FINAL DUE DATE for AUGUST CAMP on Wednesday, July 8:

BALANCE: Full-Day: \$1628 after \$100 deposit made or Half-Day: \$814 after \$50 deposit made

DATE PAID: _____



CAMPER INFORMATION 2020 FORM

(Please complete & attach photo)

● **CAMPER'S Name:** _____

First Name _____ M _____ Last Name _____

Date of Birth (DOB): _____ * Must be 6-12 years old by July 1st.

School Grade completed in June: _____ Gender: Male _____ Female _____ Declined Answer _____

Home Address: _____ Apt/PH: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

● **PARENT 1 Name:** _____

First Name _____ M.I. _____ Last Name _____

Indicate address and contact info if different from camper:

Home Address: _____ Apt/PH: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

● **PARENT 2 Name:** _____

First Name _____ M.I. _____ Last Name _____

Indicate address and contact info if different from camper:

Home Address: _____ Apt/PH: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Legal Guardianship/custody of child/camper (if different from parent(s))

● **LEGAL GUARDIAN'S NAME:** _____

First Name _____ M.I. _____ Last Name _____

Indicate address and contact info if different from camper:

Home Address: _____ Apt/PH: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____



SUMMER CAMP 2020 CHOICE FORM
(Please complete)

MARK YOUR CALENDARS! EARLY BIRD DISCOUNT PRICING DUE DATES:

APRIL 29 : JULY CAMP DISCOUNT: COMPLETED APPLICATION, DEPOSIT & TUITION

TOTAL DUE

Full-Day: \$1528 includes Full-Day \$100 non-refundable Deposit

Half-Day: \$764 includes Half-Day \$50 non-refundable Deposit

OR

JUNE 3 : AUGUST CAMP DISCOUNT: COMPLETED APPLICATION, DEPOSIT & TUITION

TOTAL DUE

Full-Day: \$1528 includes Full-Day \$100 non-refundable Deposit

Half-Day: \$764 includes Half-Day \$50 non-refundable Deposit

OR

JULY CAMP: JUNE 10 : NO DISCOUNTS: FINAL DUE DATE

AUGUST CAMP: JULY 8 : NO DISCOUNTS: FINAL DUE DATE

Full-Day: \$1728 includes Full-Day \$100 non-refundable Deposit

Half-Day: \$864 includes Half-Day \$50 non-refundable Deposit

COMPLETE BELOW:

CAMPER'S Name: First Name M.I. Last Name

- CAMP BY AGE: Attach Copy of Birth Certificate. CHOOSE 1:

JUNIOR CAMP: Age 6-8 by July 1st

SENIOR CAMP: Age 9-12 by July 1st

- CAMP DATES AND TIMES: CHOOSE ALL that apply:

JULY CAMP: July 6-24 (3 weeks) Monday through Friday

FULL-DAY OR HALF-DAY AM-MORNING OR HALF-DAY PM-AFTERNOON

AUGUST CAMP: July 27-August 14 (3 weeks) Monday through Friday

FULL-DAY OR HALF-DAY AM-MORNING OR HALF-DAY PM-AFTERNOON

FULL-DAY: 8 am-6 pm

HALF-DAY AM 8 am-1 pm

HALF-DAY PM: 1-6 pm



EMERGENCY CONTACT & CONSENT INFORMATION FORM

(Please complete and sign)

CAMPER'S Name: _____
First Name M.I. Last Name

Please list below - all authorized persons to assume responsibility for the camp dismissal and provision of care when parent or guardian cannot be reached.

Name 1: _____
First Name M.I. Last Name

Relation: _____ Family _____ Friend _____ Other: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Name 2: _____
First Name M.I. Last Name

Relation: _____ Family _____ Friend _____ Other: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Name 3: _____
First Name M.I. Last Name

Relation: _____ Family _____ Friend _____ Other: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

CONSENT FOR EMERGENCY TRANSPORTATION AND MEDICAL TREATMENT

In the event my child needs to be transported by ambulance or emergency vehicle, I authorize transportation. In the event reasonable attempts to contact me/us have been unsuccessful, I/we Hereby give my/our consent for administration of any treatment deemed necessary.

Parent / Guardian Name (Please Print)

Signature and Date



RULES AND REGULATIONS FORM

(Please read and sign)

CAMPER'S Name: _____
First Name M.I. Last Name

ARRIVAL AND DISMISSAL: Students are required to be on time! We also require that all students are dropped off at either the Carman Hall or Music Building Cafeteria between 8-9 am. For safety reasons, parents/guardians are required to sign their children in and out. Students are asked to be respectful during arrival and dismissal to avoid disrupting other students that may be studying in the cafeterias. Students who are not picked up on time will be escorted to the Continuing Education office at Carman Hall room 128 and parents will be contacted. **Dismissal time is from 5:45-6:00 pm. Public Safety may need to be notified if your child is not picked up on time. If a parent fails to call or pick up their child by 6:30 pm, your child will be escorted to the local precinct. In cases of emergency, please call 718-960-8512 to notify us of your estimated arrival time. After office hours, you may contact Public Safety 718-960-8228. Local Precinct Information: 52nd Precinct at 3016 Webster Avenue 718-220-5811.**

CLASS ESCORTS: Students will be escorted to and from classes throughout the day by our camp counselors.

DRESS CODE: Students should wear weather appropriate clothes that are comfortable and allow for children to move about or sit on the floor comfortably. Please see DRESS CODE under APEX Rules and regulations for appropriate attire for classes held at the APEX.

FOOD AND DRINKS: Our summer camp program provides free cold breakfast and lunch that are supplied by a neighboring NYC Public School. If parents prefer, they can pack lunch for their children. Due to severe food allergies, we ask all parents to keep in mind that the summer camp is a nut-free program. Foods containing nuts or nut products are not allowed. As an extra precaution, we strongly discourage food sharing to avoid allergic reactions of any kind. **Food allergies should be indicated on Physical Form by your child's physician. Also our summer campers are not allowed to purchase food from the vending machines in our cafeterias but parents/guardians can purchase food items for their children once they have signed their children out for the day. Eating is not permitted in the classrooms, especially the computer rooms. Non-glass water bottles are permitted in most classes but glass bottles are prohibited at all times.**

ELECTRONICS: Cell phones and other electronics are not to be used during classes. Electronics used, played, or cell phones ringing during class will be confiscated and held until the parent/guardian claims them. If you need to reach your child during class time, call the office at 718-960-8512. **We are not responsible for lost or stolen items.**

IDENTIFICATION: Lehman College ID Cards are optional and a separate payment of \$5 by Money Order only is required. The ID Room schedule is found at www.lehman.edu under Quick Links. To have your child's CUNYcard ID photo ID Taken, bring tuition receipt, ID fee payment receipt (money order may be brought to office in Carman Hall 128), to Shuster Hall Basement 079 during scheduled times only.

BEHAVIOR: The following is a list of expectations for all students:

- **RESPECT OTHERS:** Use of appropriate language and noise volume, acceptance of others race, religion, gender or differences and keeping out of each other's personal space is strongly encouraged.
- **RESPECT SCHOOL PROPERTY AND ENVIRONMENT:** Students are expected to pick up after themselves and provide support to teachers in maintaining a safe and productive environment.
- **BE SAFE:** Students are expected to follow teacher and escort instructions at all times. Students are required to stay with their escort at all times. Male escorts supervise and accompany male students and female escorts supervise and accompany female students.

Summer Camp at Lehman College, CUNY has a zero tolerance policy towards disruptions, aggression, threats, or physical harm. Campers engaging in these activities will be immediately removed from the program. Refunds will be processed according to the policy set forth by SCPS. For less severe behaviors, parents/ guardians will be notified by phone and or email. If the behavior persists, the camper will be removed from the program.

I have read and understand the above RULES AND REGULATIONS.

Parent / Guardian Name (Please Print)

Signature and Date



APEX RULES FORM *(Please read and sign)*

CAMPER'S Name: _____
First Name M.I. Last Name

These rules are specific to the APEX Athletics Complex and are in addition to the LEHMAN MORE THAN a CAMP Rules and Regulations. Failure to comply with these guidelines may result in exclusion from attending classes in the APEX. All APEX rules are strictly observed.

LOCKER ROOMS: All students must use the locker rooms for changing into swimming apparel. Students are required to have their own combination lock for their lockers, Lockers are not allowed to be used as overnight storage. Male escorts supervise and accompany male students and female escorts supervise and accompany female students in the locker rooms.

APEX DRESS CODE: Students require one-piece bathing suits or swim trunks of nylon or nylon / lycra for all swimming classes. Bikinis, cut-off shorts or t-shirts are not acceptable. Swimming caps are required for hair longer than 4 inches. Students that are not in proper attire will remain at pool side and will not be allowed to participate in class. Changing is prohibited in the common areas of the APEX, including, but not limited to the hallways, stairwells or the balcony.

POOL AREA BEHAVIOR: All students must observe the following while attending pool classes:

- **SHOWERS:** All students must shower before leaving the locker room to enter the pool area.
- **ENTERING / EXITING:** All students must enter / exit the pool area by way of the locker room in the rear hallway.
- **ENTERING POOL AREA:** All students must report to the seating area at pool deck side and await the instructor's directions. Students may NOT enter the pool without the instructor being present.

I have read and understand the above APEX RULES.

Parent / Guardian Name (Please Print)

Signature and Date



POLICIES AND PROCEDURES FORM

(Please read and sign)

CAMPER'S Name: _____
First Name M.I. Last Name

EMERGENCY PROCEDURES

Emergency procedures are in place to insure the safety of the students during various emergency situations: earthquake, evacuation, bomb threats or intruder on campus. During an emergency, parents will be notified. If a student's parent cannot be contacted and/or the parent is unable to pick up their child, the school will maintain responsibility for the student until the parent or authorized individual can pick up the student. At no time will a student be excused except to the care of a parent or other adult designated on the registration application. If evacuation of the school is necessary, students will be transported to a predetermined location. Parents will be advised of the evacuation site by telephone and/or information posted at the school site. Evacuation of the school will not be attempted unless there is no alternative. In the event of an emergency, school personnel will be involved in caring for the students, and telephone lines need to be kept open for communications with proper authorities. The Office of Public Safety is also available to provide 24 hour protection of all persons and property within our campus. In case of an emergency situation, all Continuing Education staff and faculty have been instructed to call Public Safety (718) 960.8228 or (718) 960.7777

I have read and understand the above EMERGENCY PROCEDURES.

Parent / Guardian Name (Please Print)

Signature and Date

LIABILITY WAIVER

I understand that participating in programs, recreation and other activities at Lehman College, CUNY is on a voluntary basis. By signing this Form, I specifically warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release Lehman, its trustees, officers, agents and employees from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against Lehman, CUNY its trustees, officers, agents and employees. I further agree to indemnify and hold harmless Lehman, CUNY its trustees, officers, agents and employees from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

I have read and understand the above EMERGENCY PROCEDURES.

Parent / Guardian Name (Please Print)

Signature and Date



City University of New York

PERSONAL CONSENT AND RELEASE FORM (Please sign)

CAMPER'S Name: _____
First Name M.I. Last Name

THE CITY UNIVERSITY OF NEW YORK

PERSONAL CONSENT AND RELEASE

I hereby authorize The City University of New York and its affiliates, licensees, successors and assigns (collectively, "CUNY") to make use of my or, my child's appearance in connection with "MORE THAN A CAMP AT LEHMAN COLLEGE" on [2020] (the "Summer Camp"), as follows:

- (1) To photograph me or my child's and any material included in the performance (e.g., photographs, audio or video clips);
(2) To record my or my child's voice, conversation and sounds, including the performance of any musical composition(s), during and in connection with the Program; and
(3) To edit, use, reproduce, exhibit and distribute, in whole or in part, in any manner and media now known or hereinafter invented, an unlimited number of times in perpetuity throughout the world, these photographs and recordings, in support of, or to promote, CUNY's educational programs and mission.

I hereby waive the right to inspect or approve any of the photographs or recordings. I understand that CUNY will be the exclusive owner of all of the photographs and recordings.

I also agree that CUNY may use my or my child's name, voice, likeness and biographical material such as age or grade for promotion of the Program.

I hereby release and hold harmless CUNY and those acting pursuant to its authority from liability for any claims by me or any third party in connection with participation in the Program or the actions of CUNY in reliance of this consent and release. I have read and fully understand the terms of this consent and release. I have read and understand the above PERSONAL CONSENT AND RELEASE.

Parent / Guardian Name (Please Print)

Signature and Date

Address Phone



**A CAMP APPLICATION IS ONLY COMPLETE,
IF YOU ATTACH THE FOLLOWING 3 DOCUMENTS:**

- 1) Copy of Birth Certificate
- 2) Recent clear photo of child's face
- 3) DOH Medical form (see attached) signed by doctor or other health care provider ***after 8/30/19 and before Final Balance Due Dates*** for July Camp OR for August Camp.

NOTICE: As per DOH guidelines, summer camp staff ***cannot*** administer medication to campers.

***DO NOT ATTACH VACCINATION REPORT.** Vaccine information must be filled on the DOH form. Your doctor must complete the entire DOH form.

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please
Print Clearly
Press Hard

STUDENT ID NUMBER
OSIS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name		First Name		Middle Name		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) ____/____/____	
Child's Address				Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other			
City/Borough	State	Zip Code	School/Center/Camp Name Lehman College More Than A Camp - Summer Camp			District _____ Number _____	Phone Numbers Home _____ Cell _____ Work _____	
Health insurance (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Last Name		First Name					Foster Parent <input type="checkbox"/>

TO BE COMPLETED BY HEALTH CARE PROVIDER *If "yes" to any item, please explain (attach addendum, if needed)*

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____		Does the child/adolescent have a past or present medical history of the following? Asthma (check severity and attach MAF/Asthma Action Plan): <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <i>If persistent, check all current medication(s):</i> <input type="checkbox"/> Inhaled corticosteroid <input type="checkbox"/> Other controller <input type="checkbox"/> Quick relief med <input type="checkbox"/> Oral steroid <input type="checkbox"/> None <input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/> Chronic or recurrent otitis media <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Other (specify) _____		Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____ Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____	
<i>Explain all checked items above or on addendum</i>					

PHYSICAL EXAMINATION

Height _____ cm (____ %ile)
 Weight _____ kg (____ %ile)
 BMI _____ kg/m² (____ %ile)
 Head Circumference (age ≤2 yrs) _____ cm (____ %ile)
 Blood Pressure (age ≥3 yrs) _____ / _____

General Appearance:

<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<input type="checkbox"/> HEENT	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<input type="checkbox"/> Lymph nodes	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<input type="checkbox"/> Abdomen	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<input type="checkbox"/> Skin	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<input type="checkbox"/> Psychosocial Development
<input type="checkbox"/>	<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/> Lungs	<input type="checkbox"/>	<input type="checkbox"/> Genitourinary	<input type="checkbox"/>	<input type="checkbox"/> Neurological	<input type="checkbox"/>	<input type="checkbox"/> Language
<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/> Extremities	<input type="checkbox"/>	<input type="checkbox"/> Back/spine	<input type="checkbox"/>	<input type="checkbox"/> Behavioral

Describe abnormalities:

DEVELOPMENTAL (age 0-6 yrs) Within normal limits

If delay suspected, specify below

Cognitive (e.g., play skills) _____

Communication/Language _____

Social/Emotional _____

Adaptive/Self-Help _____

Motor _____

SCREENING TESTS

	Date Done	Results
Blood Lead Level (BLL) <i>(required at age 1 yr and 2 yrs and for those at risk)</i>	____/____/____	_____ µg/dL
Lead Risk Assessment <i>(annually, age 6 mo-6 yrs)</i>	____/____/____	<input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk
Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE	____/____/____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Hemoglobin or Hematocrit (age 9-12 mo)	____/____/____	_____ g/dL _____ %

Head Start Only

Tuberculosis

Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school

	Date Done	Results
PPD/Mantoux placed	____/____/____	Induration _____ mm
PPD/Mantoux read	____/____/____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
Interferon Test	____/____/____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
Chest x-ray <i>(if PPD or Interferon positive)</i>	____/____/____	<input type="checkbox"/> NI <input type="checkbox"/> Not Indicated <input type="checkbox"/> Abnl
Vision <i>(required for new school entrants and children age 4-7 yrs)</i>	____/____/____	Acuity Right ____ / ____ Left ____ / ____ <input type="checkbox"/> with glasses Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes

IMMUNIZATIONS - DATES

CIR Number of Child _____

Hep B	____/____/____
Rotavirus	____/____/____
DTP/DTaP/DT	____/____/____
Hib	____/____/____
PCV	____/____/____
Polio	____/____/____

Influenza	____/____/____
MMR	____/____/____
Varicella	____/____/____
Td	____/____/____
Tdap	____/____/____
Hep A	____/____/____
Meningococcal	____/____/____
HPV	____/____/____
Other, Specify:	_____ ; _____

RECOMMENDATIONS

Full physical activity Full diet

Restrictions (specify) _____

Follow-up Needed No Yes, for _____ Appt. date: ____/____/____

Referral(s): None Early Intervention Special Education Dental Vision

Other _____

ASSESSMENT

Well Child (V20.2) Diagnoses/Problems (list) _____ ICD-9 Code _____

Health Care Provider Signature	Date _____/_____/_____	DOHMH ONLY PROVIDER I.D. _____
Health Care Provider Name and Degree (print)	Provider License No. and State	TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s)
Facility Name	National Provider Identifier (NPI)	Comments
Address	City	Date Reviewed: _____/_____/_____
Telephone (____) _____-_____	Fax (____) _____-_____	I.D. NUMBER _____
		REVIEWER: _____