IDPH School Health Program & Child Health Exam Update

***Angelica Hernandez*, BSN, RN, CN-BN**
School Health Nurse Consultant
Office of Women's Health & Family Services

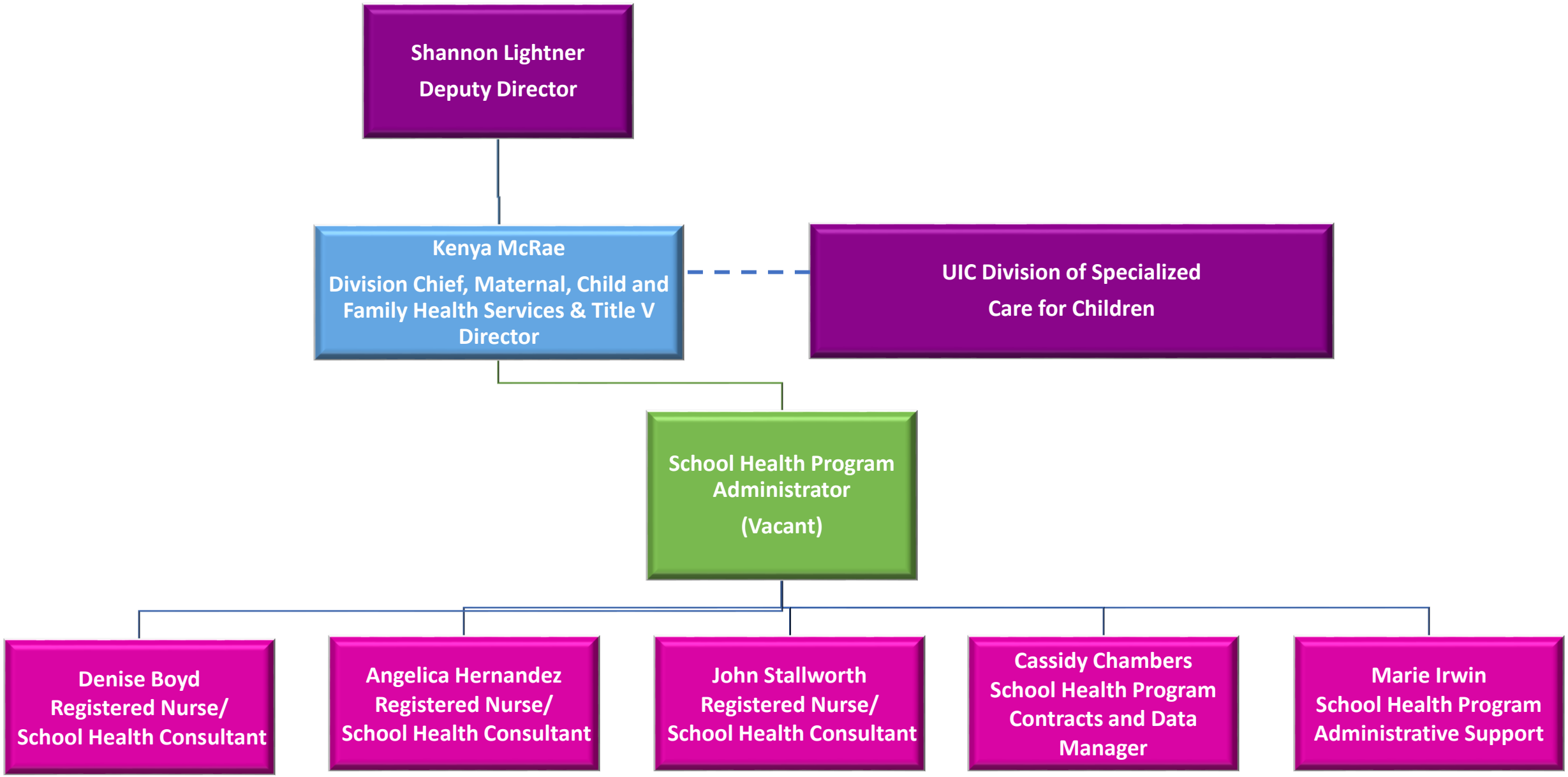
IDPH Vision & Mission

Vision: Communities of Illinois will achieve and maintain optimal health and safety

Mission: Protect the health and wellness of the people in Illinois through the prevention, health promotion, regulation, and the control of disease and injury

IDPH
Illinois Department of Public Health

Office of Women's Health and Family Health Services & School Health Program



School Health Centers and Grant Program

- Purpose: Improves the overall physical and emotional health of students
  - Promotes healthy lifestyles
  - Provides available and accessible preventative health care
  - Identifies risk-taking behaviors and appropriate anticipatory guidance, treatment and referral

- IDPH monitors **63** School Health Centers across Illinois
- Provides funding support to **39** agencies that operate school health centers

Programs and Activities (Engaging School Nurses)

- Annual School Health Days (Fall)
- Critical Issues (Spring)
- Maintain Child and Student Health Examination and Immunization Code *(in collaboration with other IDPH offices)*
- Child Health Exam Form

Let’s talk more about the Child Health Exam Form

Who needs a Physical Exam?

Section 665.140 Timetable for Examinations

- The examination shall be conducted **within one year before the following**:
  - Entering school (this includes nursery school, special education, Head Start or other pre-kindergarten programs operated by elementary school systems or secondary level school units or institutions of higher learning; and students transferring into Illinois from outside of the state or country);
  - Entering kindergarten or first grade;
  - Entering the sixth grade;
  - Entering the ninth grade.
- For students attending school programs where grade levels are not assigned,
  - Examinations shall be completed before the date of entering and within one year prior to the school years in which the child will be **5, 11, and 15 years of age.**

Exam (special situations)

- **(Left & Returned to Illinois)** A child who was enrolled in an Illinois school, left the state and then returned to Illinois at a later time would only be required to obtain a new physical at the required grade levels, K, 6 and 9.
- **(Repeating Grades)** If the student repeats a grade on the examination interval (K, 6th, or 9th) and has complied with the exam requirement, the student is not required to take the exam again.
- **(From Another Country)** - regardless of the duration of stay, examinations shall be completed within one year before the date of entering the school and at other intervals as required by the Code
  - If not on the Illinois form, it must include all the elements the State of Illinois requires.
  - Once enrolled, the same health exams, screenings and services required as all students.

***NOTE**: The Child Health Examination Code (Section 665.140d) states the school has the option of requiring a new physical at anytime they have concerns about a child's health.*

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Accepting a non-Illinois Child Health Examination Form for a student coming from out of state

For transfer students from out of the state or country, or from a federal Head Start program:

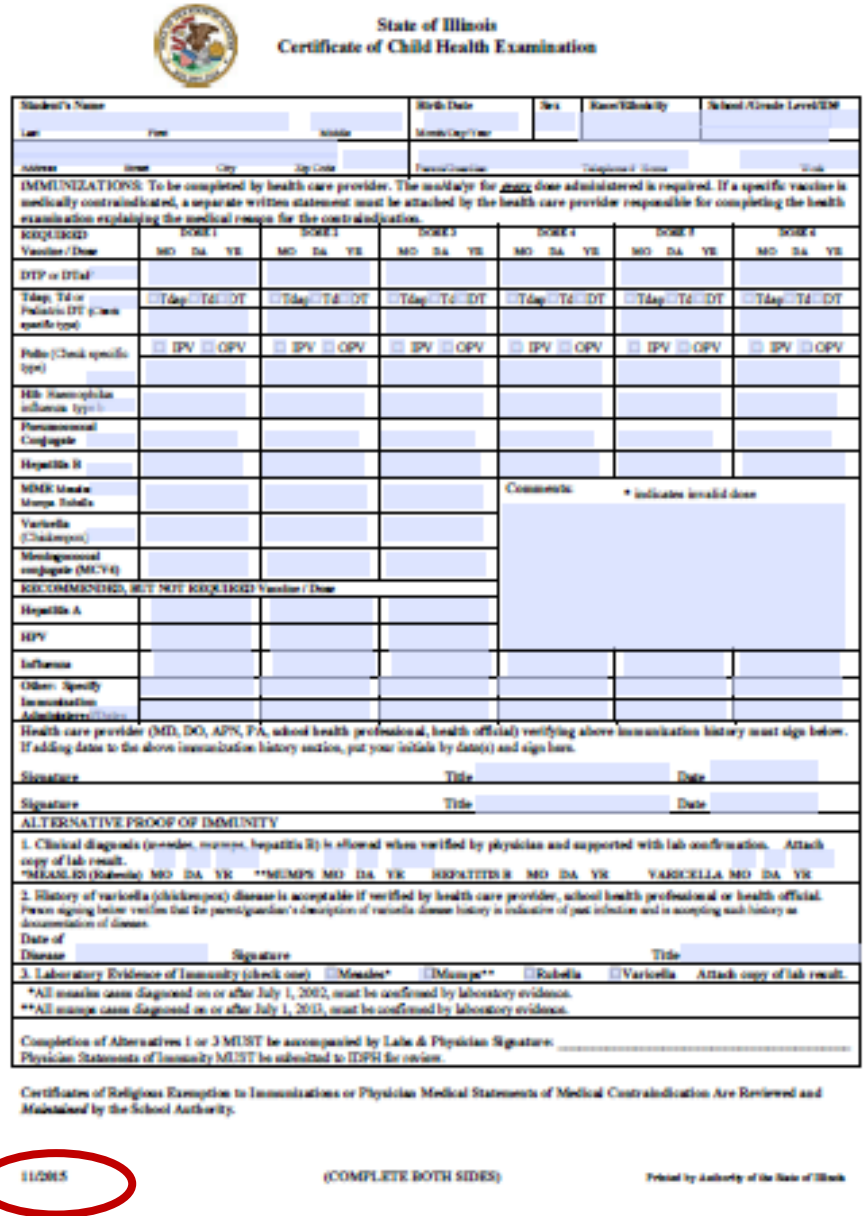
- ACCEPTABLE - A health form that is **comparable to the Illinois requirements; however,** only at the time of **first entry** into an Illinois school.
  - Must be completed within one year prior to the date of entry into an Illinois school.
- NOT ACCEPTABLE - A letter or correspondence from a physician or other health care provider merely stating that an examination was conducted.

Appropriate Form

http://dph.illinois.gov/sites/default/files/forms/certificate-ofchild-health-examination-03032017.pdf

Health examinations shall be reported on the Certificate of Child Health Examination form that the Department of Public Health and the Illinois State Board of Education prescribe for statewide use.

11/2015



State of Illinois
Certificate of Child Health Examination

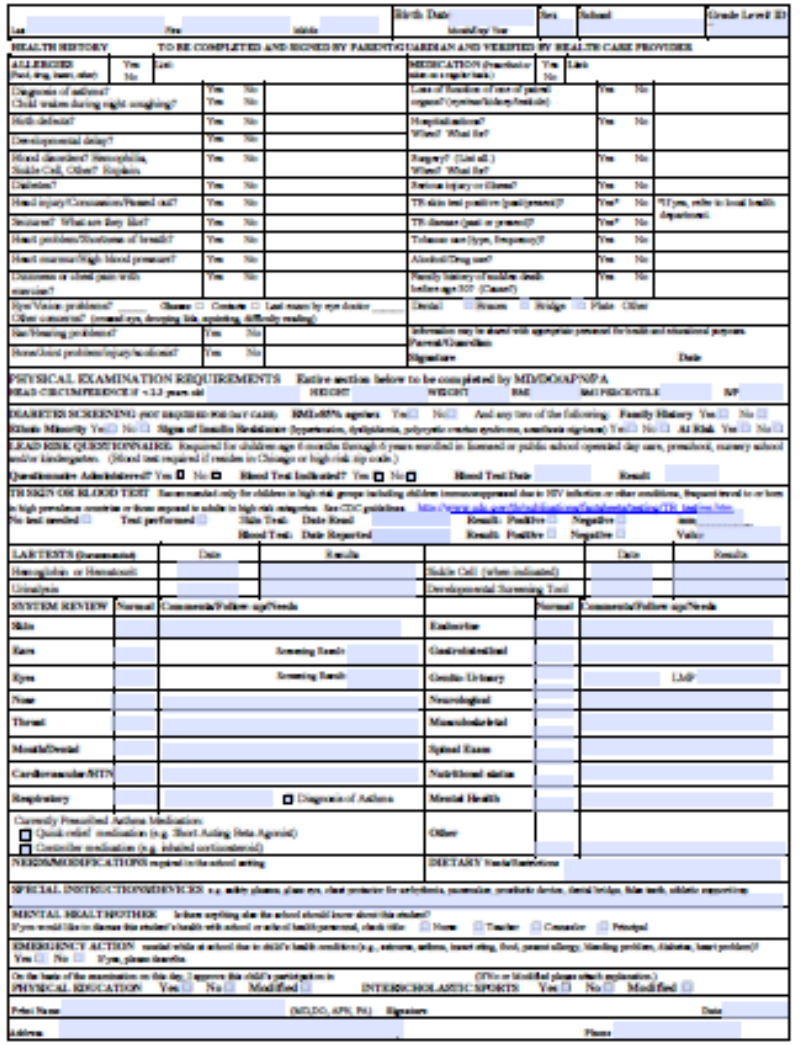
IMMUNIZATIONS: To be completed by health care provider. The month/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.

ALTERNATIVE PROOF OF IMMUNITY

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

11/2015 (COMPLETE BOTH SIDES)



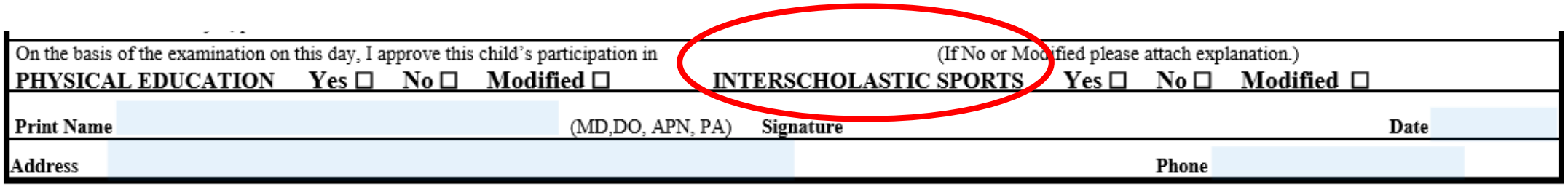
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

- Forms due no later than **October 15th** of the school year or by an earlier date of the current school year established by a school district.

- IESA/IHSA sports physical forms **MAY NOT** be used as the required school health exam.

  - If the student is required to have a sports physical in the year that coincides with the child health examination requirement, the Certificate of Child Health Examination may be accepted as proof of examination for interscholastic sports if the statement regarding participation in interscholastic sports is completed by the health care provider.



On the basis of the examination on this day, I approve this child's participation in (If No or Modified please attach explanation.)

PHYSICAL EDUCATION Yes ☐ No ☐ Modified ☐ **INTERSCHOLASTIC SPORTS** Yes ☐ No ☐ Modified ☐

Print Name (MD,DO, APN, PA) **Signature** **Date**

Address **Phone**

Required Components of Health Examination:

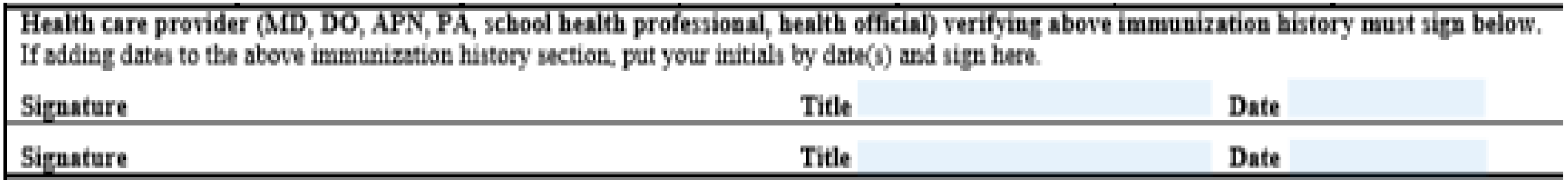
- Immunizations
- Health History
- Physical Examination

  Includes:

  - Diabetes screening
  - Lead risk assessment or testing

Immunization Section

- The immunization history portion can be signed by a physician, nurse in a physician's office, school nurse, record keeper in the school, local health agency, etc.
- The verification date must be included.
- A local health department stamp is acceptable for verifying the immunization history portion of the health form. The verification date must be included.



Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.
If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature	Title		Date	
Signature	Title		Date	

IDPH
Illinois Department of Public Health

Parent/Guardian Section

- The health history section of the form is required and must be completed and signed by the parent or legal guardian of the student.
- School nurse should reject the form if incomplete, send it back home to the parent and request that it be completed and returned within a short timeframe.
- If the physician's portion adequately addresses what IDPH requires on the parent portion of the form, the form may be acceptable.
- Consult your district's legal counsel for additional guidance.

Completing and Signing the Child Health Examination Form

Health examinations, other than dental examinations, eye examinations, and hearing and vision screening, **shall be performed by**, and the Certificate of Child Health Examination shall be signed by,

- ***Physician*** *licensed to practice medicine in all of its branches,*
- ***Advanced practice nurse -*** *written collaborative agreement with a collaborating physician that authorizes him/her to perform health examinations, or*
- ***Physician assistant -*** *delegated the performance of health examinations by his/her supervising physician.*

NOTE: *A physician is required to review and sign any portion of the Certificate of Child Health Examination completed by anyone other than a physician, APN, or PA performs any part of a health examination. (Section 27-8.1)*

IDPH
Illinois Department of Public Health

Lead Screening Required

- For children between 1-7 years of age entering a day care center, day care home, preschool, nursery school, kindergarten or other child care facility, including programs ran by a public school district.
- Parent/ legal guardian shall *provide a statement from health care provider that the child has been assessed for risk of lead poisoning or tested or both,* if the child resides in an area defined as high risk by the Department or if the child is potentially at high risk for lead poisoning.
- *Physicians and* other *health care providers shall also screen children 7+ for lead poisoning in conjunction with the school health examination when, in the medical judgment of the* health care provider*, the child is potentially at high risk of lead poisoning.* (Section 6.2 of the Lead Poisoning Prevention Act)

Completion of the section:

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes ☐ No ☐ **Blood Test Indicated?** Yes ☐ No ☐ **Blood Test Date** _____ **Result** _____

If the lead section of the health examination is not completed by the health care provider or nurse, the form is incomplete and cannot be accepted for school enrollment.

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Other Types of Screening

Diabetes Screening

- Required as part of each mandated health examination**.**
- Results of the diabetes risk assessment must be documented on the Certificate of Child Health Examination form.

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** Yes☐ No☐ And any two of the following: **Family History** Yes☐ No☐
Ethnic Minority Yes☐ No☐ **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes☐ No☐ **At Risk** Yes☐ No☐

TB Skin or Blood Test

- A tuberculosis skin test screening shall be included as a **required** part of **each** health examination included under this Section **if** the child resides in an area designated by the Department of Public Health as having a high incidence of tuberculosis.
- The TB Code specifies childcare and pre-school **workers** be tested for TB.
- The recommendation is if there is possibility of exposure to the children, test the staff.

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm
No test needed ☐ **Test performed** ☐ **Skin Test: Date Read** **Result: Positive** ☐ **Negative** ☐ **mm**
Blood Test: Date Reported **Result: Positive** ☐ **Negative** ☐ **Value**

Exclusion

It is not the intent of Part 665.240 that any child whose parents comply with the intent of the Act or the School Code, should be excluded from a child care facility or school. A child or student shall be considered in compliance with the law if there is evidence of intent to comply. Evidence may be:

1. A signed statement from a health care provider that he or she has begun, or will begin, the necessary immunization procedures; or

2. The parent's or legal guardian's written consent for the child's participation in a school or other community immunization program.

Any decision by a school to exclude a student for school entrance for failing to comply with the health examination and immunization requirements set forth in this Part shall be done in accordance with Section 27-8.1 of the School Code and applicable Illinois State Board of Education policies or procedures.

Information about SB 565, Public Act 99-0927
(Social and Emotional Screening)

- Requires IDPH to:
  - Develop and implement administrative rules to include an age-appropriate developmental screening and an age-appropriate social and emotional screening as part of the health examination for all school children in Illinois.
  - Revise the Child Health Examination form.
  - Ensure that the required screening is consistent with the ISBE's social and emotional learning standards.
- Doctors are welcome to start doing screenings and schools may *request* that screenings be done; however, schools cannot *require* it. IDPH cannot enforce the requirements of PA 99-0927 until the administrative rules become effective.

NOTE: doctors and schools ***should not*** independently or unilaterally change the Child Health Examination Form in an effort to comply with PA 99-0927 before the administrative rules become effective.

IDPH
Illinois Department of Public Health

THANK YOU

For More Information on the Child Health Examination Code:

ADMINISTRATIVE CODE
TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER i: MATERNAL AND CHILD HEALTH
PART 665 CHILD HEALTH EXAMINATION CODE

http://www.ilga.gov/commission/jcar/admincode/077/07700665sections.html

Angelica Hernandez, BSN, RN, CN-BN - School Health Nurse Consultant

- Email: angelica.Hernandez@illinois.gov

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH