

New Requirements for 12th Grade for the 2018-2019 School Year

Starting with the 2018-2019 school year, the West Virginia Department of Education Policy 2423 requires all students in 12th grade to have the following on file, **prior** to the first day of school:

1. **Tdap & Meningitis Vaccine-** most 12th grade students have one Meningitis and Tdap on file from 7th grade but the state law requires a Meningitis booster if first dose was given prior to their 16th birthday.
2. **Oral Health Exam** signed and dated by the student’s dentist within the last 12 calendar months.
3. **Well Child Check-Up** signed and dated by the student’s physician within the last 12 calendar months.

Certified School Nurse
Harrison County Board of Education

Student Name _____ DOB: _____

<u>12th Grade Requirement</u>	<u>Date Administered:</u>	<u>Initials:</u>
• Tdap (1 dose)	_____	_____
• Meningococcal Dose #1	_____	_____
Dose #2	_____	_____

(2nd dose required if the first dose received **before** the 16th birthday)

**There are no provisional enrollments permitted for the 12th grade requirements and must show proof of these vaccinations to enter 12th grade.*

Physician Name _____ Phone Number _____
 Address _____
 Physician Signature _____

Please take your students to their health care provider for these required vaccinations with this form. If your student has already received these vaccinations, please attach them to this form and return to school nurse.



West Virginia Department of Health and Human Resources
Early and Periodic, Screening, Diagnosis and Treatment (EPSDT)
HealthCheck Program Preventive Health Screen

11, 12, 13 and 14 Year Form

Name _____ DOB _____ Age _____ Sex: M F Wt _____ Ht _____ BP _____ Temp _____ Pulse _____ Screen Date _____

Allergies: NKDA _____ Current Meds: None _____

Accompanied by: Parent Grandparent Foster parent/organization Other _____

History: No change
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses or visits to other providers:

Social/Family History: Check those that apply
 No change
 Family situation change

Parents working outside home? Mother Father
Child care? No Yes _____
Other changes since last visit:

Current Health Indicators: Check those that apply
 No change LMP _____ N/A
Changes since last visit:

GROWTH PLOTTED ON GROWTH CHART
 BMI CALCULATED AND PLOTTED ON BMI CHART
 Normal elimination Normal sleep patterns
Comments:

Nutrition: Normal eating habits
 Vitamins: _____
Comments:

Passive Smoking Risk: Yes No

Check those that apply
Dyslipidemia Risk: Low risk High risk
See Periodicity Schedule for risk indicators

Tuberculosis Risk: Low risk High risk
See Periodicity Schedule for risk indicators

Behavior/Mental Health Screen: Check those that apply
Appropriate behavior: Yes No
Fun activities: _____

Friend(s): Yes No
Concern(s): Yes No
Feelings: Content
 Sad Less than a week More than a week
 Angry Less than a week More than a week
 Down/depressed Less than a week More than a week
 Thoughts/plans to harm Self Others Animals
 Trouble at school Trouble with the law

Behavioral concerns/comments: Yes No

Risk indicators: Check those that apply None identified
 Poor self image Lack of physical activity
 Weight or height concerns _____
 Tobacco use: Cigarettes/# per day _____ Chew
 Alcohol use _____ Other drug _____
 Peer pressure to do things you don't want to do: _____

Pressure to have sex Inappropriate touching
 Does not wear protective gear, including seat belts
 Access to firearms Has a firearm
 Witnessed violence Threatened with violence
 Excessive television/video game use (>2 hrs. per day)
School: Grade _____

Attends school regularly
 Special classes _____
Likes most about school: _____

Likes least about school: _____

Proud of: _____

Participates in activities _____
Plans after high school _____

Family/Sexuality:
 Gets along with other family members
If you could, how would you change your life? _____

home? _____
family? _____

Sex education/questions
Sexually active? Yes No STIs _____ N/A
Method of contraception _____ N/A

Vision Acuity Screen (Obj @ 12 yrs) R _____ L _____

Hearing Screen as indicated by risk screen: 20db@
R ear: _____ 500HZ _____ 1000HZ _____ 2000HZ _____ 4000HZ
L ear: _____ 500HZ _____ 1000HZ _____ 2000HZ _____ 4000HZ

Oral Health Screen
Date of last dental visit _____
 Current oral health problems:

Physical Examination: = Normal limits
 General Appearance Skin
 Neurological Reflexes
 Head Neck
 Eyes Ears
 Nose Oral Cavity/Throat
 Lungs Heart Pulses
 Abdomen Genitalia
 Back Extremities

Abnormal Findings and Comments:
Possible Signs of Abuse Yes No

Health Education/Anticipatory Guidance:
 Discussed Handout(s) given
Healthy and safe habits: nutrition, sleep, oral/dental care, risk behaviors, sexuality, injury and violence prevention, mental health, substance use/abuse, social competence, responsibility, family relationships and community interaction, school achievement, health care transition from adolescence to adulthood in the medical home (beginning at 14 years)
Other:

Assessment: Well Child Other diagnosis
 Risk indicators reviewed/screen complete

Plan/Referrals:
For treatment plans requiring authorization, please complete the Medical Necessity Form on the reverse.

Immunizations: UTD Given, see vaccine record
Labs:

Referrals*: Behavioral/Mental health Dentist Vision
 Hearing CSHCN 1-800-642-9704
*See Provider Manual for automatic referrals
 Other referral(s)

Follow Up/Next Visit: 12 years of age 13 years of age
 14 years of age 15 years of age Other

Please print Name of Facility or Clinician _____

Signature of Clinician/Title _____



Student Oral Health Form

Patient Information

Child's Name (Last, First, MI)	Date of Birth (MM/DD/YYYY)	Age	
Address	City	State	Zip Code
Guardian	Phone		

Oral Health Service

Please provide date of service in applicable box below:

	School Entry	2nd Grade	7th Grade	12th Grade
Date of service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Oral Health Services:

Type of Services Provided? Examination

Does the child have any teeth with untreated decay? Yes (decay) No (decay free)

Does the child have any teeth that have previously been treated for decay, including fillings, crowns, or extractions? Yes No

Are there treatment needs? Yes, urgent Yes, not urgent No treatment needs

Additional Information

Oral Health Provider's Contact Information and Signature

Provider Name (please print)	Phone Number	Fax Number
Practice Name	Address	
Provider Signature	Office Contact email	

ATTENTION School Health Checkpoints for Grades 7 & 12



Students in WV Public Schools Will Need:

- Annual HealthCheck/physical examination from a doctor/medical provider
- Dental examination from a dentist; and
- Already required adolescent vaccinations (Tdap and Meningitis shots).



West Virginia DEPARTMENT OF
EDUCATION