



NYS (Excluding NYC): Required ■ Optional ■

NYC: Required ■ Optional ■

| NYS and NYC Screening Guideline 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 |
| Pure Tone Hearing Screening | X | X | X | | X | | X | | X | | | X | | |
| Scoliosis Screening | | | | | | | X | X | X | X | X | | | |
| Vision Screening Color Perception | X | | | | | | | | | | | | | |
| | X | | | | | | | | | | | | | |
| Fusion | | X | X | | | | | | | | | | | |
| Near Vision | X | | | | | | | | | | | | | |
| | X | X | X | | X | | X | | | | | | | |
| Distance Acuity | X | 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 | | | | | | | | | | | | | |
| Dental Certificate | 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 medical provider). 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.