

Frequently Asked Questions
MCH 213 F – School Entry Physical Exam Form

- Q. What are the different parts of the form, and how are they used?
- A. The form combines three reports that are each required by the *Code of Virginia*: Part I is the Health Information Form that parents are required to submit to schools; Part II is the Immunization Certification that all children entering school are required to have on file; Part III is the Comprehensive Physical Exam that all children are required to have completed before entry into public kindergarten or elementary school. These three reports have been consolidated to make life easier for health care practitioners, parents, and school personnel.
- Q. Why are there two places on page one for the parent/guardian to sign, and are both needed?
- A. The boxed signature section is specifically for release of information about the child; the second signature indicates who completed the form about the child. If the parent/guardian does not want to authorize sharing of information, the boxed section does not need to be completed/signed. We believe it is in the best interest of the child for the health care provider and school health personnel to be able to share pertinent clinical information, and encourage parents to provide this authorization; however, this is not required for school entry.
- Q. What on this form IS required for school entry?
- A. Parts I and II are required by Code. At minimum, the *Recommendations to (pre) School, Child Care, or Early Intervention Personnel* section on Part III is also required. Parents often do not understand that they are to complete the section on Part I regarding their child's medical history; the health care provider or staff may help with this by verbally taking the history and documenting it here.
- Q. What happened to the requirements for lead screening, urinalysis, and hgb/hct? Are they no longer required?
- A. We have removed these lab studies from the school entry physical exam requirement. Lead screening, urinalysis, and anemia screening (hgb/hct) are important components of child health, and depending on the child's age, may be required by EPSDT under Medicaid. However, they are not central to whether or not a child is ready for or able to enter school. The American Academy of Pediatrics (AAP) has been emphasizing a developmental approach to well child care for the last few years, and we anticipate that the next release of *Bright Futures* (expected in 2007) will reflect this. These studies should still be completed as appropriate for the child, and documented as necessary for EPSDT purposes, but they do not need to be on the form for school entry.
- Q. Then why is there a separate line for lead and anemia for Head Start?
- A. The federal Head Start regulations stipulate that children meet EPSDT screening for enrollment. Because Early Head Start and Head Start serve children of varying ages, the specific EPSDT requirements may vary – the lead and anemia screenings are clearly still part of the periodicity schedule for

early childhood, and need to be included where this form is documenting an exam for Head Start.

- Q. Is this true for the Virginia Preschool Initiative (VPI), too?
- A. VPI is not subject to those federal Head Start regulations. Instead, it aligns with requirements for entry into kindergarten or elementary school – so the VPI requirements of this form are the same as for school entry.
- Q. What about other uses, like camp and sports physicals?
- A. As noted in the first question, the form is designed to meet three Code-specific needs. It is not intended for camp or sports physicals, and we are not directing how it may be used in those settings. After September 1, 2007, VDH will be limiting the distribution of paper forms to those entities that are *required* to use it.
- Q. Can we still use the “old” blue form?
- A. The physical exam for school entry can be completed up to a year before entry into school. Therefore, for school year 07-08, schools will honor both the new (MCH213F) and old (MCH213E) forms.
- Q. The blue form requires the lead and anemia screening, and urinalysis. If we use the blue form, do they have to be done, since they aren't on the new form?
- A. No. We do not want to penalize families based on the form that the provider uses. Therefore, if the MCH213E is used, the provider can omit the lead and anemia tests and urinalysis. Since this is a transition year, we are asking that school personnel maintain flexibility in accepting the form, while keeping in mind the primary reasons for the physical exam: to protect the public from communicable diseases (i.e., complete immunizations); and to identify and prepare the school for accepting children with special needs.
- Q. The section for findings from the physical exam is very limited – how am I supposed to document what I find?
- A. Check the appropriate box for each body/organ system, and summarize the key findings or pertinent diagnoses in the “Recommendations” section. This is not a clinic sheet – it is a form to communicate to the end user (e.g., school personnel) the applicable facts and conclusions about the child.
- Q. What “assessment method” is recommended for the developmental screen? If we are using the Denver, is that OK?
- A. There are several developmental screening tools available, and we are not requiring or recommending a particular tool. For purposes of the school entry physical exam, we are using the AAP definition of developmental screening: administration of a brief standardized tool that aids in the identification of children at risk of developmental delay. Screening does not result in a diagnosis or treatment plan; the latter is based on an evaluation of the child identified as at-risk through surveillance or screening. Use of the Denver is acceptable, though concerns about the sensitivity/specificity of this tool have been raised in recent years, and other tools that are parent-focused have been tested to be quite reliable and valid. If a practice has not implemented use of a standardized tool and is unsure of how to proceed, Bright Futures milestones provide a framework, and observation/dialogue using these milestones is an acceptable method to meet this component of the exam.

- Q. We examine a lot of children in “health fair” settings or a mobile unit where you cannot get a hearing test. What should we do?
- A. If unable to test – for any reason – check the box that indicates this outcome. This alerts school personnel that they need to perform the appropriate screen. The same holds true for conducting the vision screen.
- Q. Can a school require lab tests or assessments that aren’t on this form?
- A. It is possible, though local school divisions have been discouraged from adding requirements that may create barriers to enrollment that are not grounded in code. The most common local requirement is TB testing, again as a protection against communicable disease.
- Q. Can we really just attach a copy of the immunization records?
- A. Yes, as long as the attachment shows the month, day, and year administered for each vaccine.
- Q. Whose signature needs to be on the immunization certification?
- A. A physician or nurse may sign the immunization record.
- Q. Are signature stamps allowed?
- A. Yes, signature stamps for providers are allowed on both Parts II and III.
- Q. Are we required to use the MCH213 form, or can we send our own PE documentation?
- A. If a provider has a report of the physical exam that includes the elements on Part III of the MCH213, they can submit that report in lieu of completing Part III. This is most likely to be the case where a health system has an electronic medical record, and has incorporated the content of this form into that record. A copy of a clinic sheet or provider notes that does not include the elements on Part III is not sufficient.