



# National School Health Screening Guideline 2024

# National School Health Screening Guideline Taskforce

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## 1. Abbreviation

<b>Term</b>	<b>Abbreviation</b>
<b>MOHAP</b>	Ministry of health & prevention
<b>BMI</b>	Body Mass index
<b>PHQ9</b>	Patient Health Questionnaire-9item
<b>ADHD</b>	Attention deficit hyperactivity disorder
<b>CBC</b>	Complete blood count

## 2. Definition

<b>Term</b>	<b>Definition</b>
<b>School health services</b>	Services provided by a healthcare workers to students enrolled in the school, either within school clinics or in a health care facilities.
<b>Affiliated health care facility</b>	Health care centre / hospital that has a contract with school to do the school health screening services.
<b>Students of determination (SOD)</b>	Students of Determination (SOD) are individuals with complete or partial, permanent, or temporary deficiency or impairment in his physical, sensory, mental, communication, educational, or psychological abilities, to the extent that limits the ability to meet his normal requirements like his non-disabled counterparts.

## Acknowledgement

The development of this clinical guideline would not have been possible without the support, contributions, and expertise of many individuals and organizations.

Firstly, we would like to express our deepest gratitude to the members of the guideline development panel, whose dedication, expertise, and hard work have been invaluable in the creation of this document. Special thanks to Emirates Health Services, Abu Dhabi Public Health Center, Dubai Health, and Ambulatory Healthcare Service for their leadership and insightful contributions.

We are particularly grateful to our clinical experts and practitioners Ministry of Community & Development and Department of Education and Knowledge – Abu Dhabi for their thorough reviews and valuable feedback, which have greatly enhanced the quality and relevance of this guideline.

Lastly, we thank our colleagues from ministry of community development and ADEK for their ongoing support and encouragement. Their collaboration and dedication to improving clinical practice have been a source of inspiration

  
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### 3. Introduction

School health screening plays an important part in identifying health conditions that can affect a child's long-term health and wellbeing. Early detection, diagnosis, and intervention can prevent complications, improve the overall health of every student, and enable school children to reach their full potential.

The UAE government has prioritized the health of schoolchildren and recognizes the importance of early detection and intervention in identifying potential health and developmental issues. As part of their efforts, the UAE has implemented comprehensive national school health screening to address these concerns.

The National school health screening is provided for school children from KG1- Grade 12 in government and private schools. The service includes history taking, comprehensive physical examination, provision of immunization, investigation, screening for hearing, oral, vision, scoliosis, depression, and attention deficit hyperactive disorder (ADHD) as well as health education. Furthermore, documentation, appropriate referral, follow-up care and reporting of screening results are included.

The school health screening consists of two types of assessments: an annual school assessment conducted by an assigned school nurse within the school's clinic, and a specific school assessment conducted by a health care worker within the school clinic or in the healthcare facility.

To ensure students receive high-quality screening based on reliable evidence, it is necessary to have a school health screening schedule, proper documentation, and reporting of results to the relevant health authority. Additionally, clinical care pathways should be established to provide healthcare professionals with supplementary guidance.

#### 3.1 Objectives of the Guideline

1. To detect early any health or developmental issues enabling timely intervention and support for students.
2. To provide a consistent, clear approach and pathway for school health screening in UAE.
3. To standardize quality of health care for all students.
4. To have base-line national data on the outcome of the health screening among students.

#### 3.2 Scope of the Guideline

This guideline applies to:

- A licensed health care provider in UAE performs school health screenings in the clinics at schools, primary care centers, or affiliated health care facilities.
- All students in schools.
- All government and private schools.

#### 3.3 Inclusion criteria

- All students in UAE aged 4 years and above (KG1 – Grade 12).
- Students of determination who are fully integrated in public and private schools.

## 4. School Health Screening Requirements

- All school clinics and affiliated health care facilities must implement the national guideline of school health screening and adopt procedures for documenting, reporting, referral, and a follow-up plan.
- All healthcare professionals involved in providing school health screening must conduct the screening for students according to the national guideline.
- School health screenings must be conducted within a certain timeframe based on the national guidelines.
- Parents or guardians must be informed of any suspected health issues identified through screening tests or observations by school personnel.

### 4.1 Student health file

- Student health file must include a copy of a valid ID card, parental/ guardian consent forms, vaccination card, medical history form, medical reports if required, referral form and results of screening tests.
- A medical history form must be distributed to all parents/guardians for completion and signature annually. (Appendix 1).
- If a student has a health file from a previous school, the school nurse should inform the school administration to retrieve it.

### 4.2 Parental / guardian consents

- School health screening consent form:
  - Must be signed by the parent/guardian (Appendix 2).
  - If parents/ guardians decline screening via a consent form, their decision will be respected after the importance of the screening has been clearly explained to them.
- Immunization consent forms:
  - Must be signed by the parent/guardian for the required age as per the national immunization program (refer to national immunization guideline).
  - The school administration must send a reminder to parents/guardians at least 72 hours prior to the scheduled immunization administration.

### 4.3 Students of Determination (SOD), who are fully integrated into public and private schools.

- It's the school's responsibility to ensure that all Students of Determination are screened.
- Students of Determination should be provided with support to enable them to be enrolled in the school health screening.
- A team for Students of Determination at school will collaborate with school nurses to decide how each student of determination will take part in the screening process. Students unable to undergo screening confidently, regardless of severity, must be referred for the required medical screening.
- Students can be exempted from screening if they have been recently screened and have got an updated medical report with relevant screening.
- A teaching assistant or special education teacher may assist certain students of determination in participating in the screenings successfully, but she/he should not lead the student to the answers.
- In Case where the screening of students is not possible due to certain disabilities, school nurse shall inform parent/ guardian about required screening and give a referral letter to seek the required screening.
- The school nurse should maintain contact with the parent /guardian to confirm that the student has received medical care, document it, and request a medical note from the healthcare provider.

### 3.4 Health Education

- The school nurse should provide health education to all students in groups or individually as well as during any visit to the school clinic on topics including (nutrition, physical activity, preventing injuries, smoking prevention, and oral health).
- Refer to Ministry of health and prevention school health guide lessons list. (Appendix 9)
- Educational organizations must inform the related educational/ health authority about any planned health promotion events and campaigns that may be arranged by private authorities.
- Organized schools' campaigns/events by public and/or private health entities must use only the approved materials during their campaigns.
- All events must be recorded by the school nurse.

## 5. Annual school health screening assessment

### 5.1 History

- The medical history should be obtained and updated by parent/ guardian through the student medical history form at the time of enrolment and then annually.
- If student's medical history indicates a positive finding for any medical condition (e.g.: diabetes, bronchial asthma, allergies, ...etc.) A medical report should be requested and attached in the student health file.
- If a student joins the screening for the first time, all catch-up screening tests must be done.

### 5.2 Growth Assessment

- All students should be examined for height, weight, and BMI annually by the school nurse.
- The measurements of height, weight, and BMI should be plotted on the WHO chart (Z-score). (Appendix 6).
- If a growth issue is detected, the parent/ guardian should be notified and given a referral letter by the school nurse to seek medical care.
- The school nurse should maintain contact with the parent /guardian to confirm that the student has received medical care, document it, and request a medical note from the healthcare provider.

### 5.3 Vision Screening

- Vision screening must be conducted annually by a trained school nurse or optometrist. This includes the following:
  - Assessing distance visual acuity and observing eye movements during the screening, such as squinting, rubbing eyes, or leaning forward.
  - Explaining for the students how to respond correctly to the figures on the displayed chart.
  - Documenting the visual acuity and eye movement during the screening.
- Vision screening must be conducted annually by a trained school nurse or optometrist. This includes the following:
  - The distance for the visual acuity screening must be 6 meters or 3 meters with mirror.
  - Each eye should be tested individually while the other eye is covered.
  - If the student wears glasses or contact lenses, screen with glasses, or contact lenses in place.
  - Eye chart (Snellen chart) is used for the screening.
  - For special cases, it is recommended to have special cards with animal pictures or some common objects.
  - Colour vision screening is recommended for grade 5 students (optional).
- Results to be recorded in the student's health file and compared with previous years reading.
- If positive findings are detected, the parent/guardian should be informed and provided with a referral letter from the school nurse to seek medical care.
- The school nurse should maintain contact with the parent /guardian to confirm that the student has received medical care, document it, and request a medical note from the healthcare provider.

#### 5.4 Immunization

- Vaccination status of all students should be checked at the time of enrolment and annually.
- All vaccination should be up to date according to the national immunization guidelines. (refer to national immunization guidelines)

## 6. Specific school health screening assessment according to age or grade

### 6.1 Physical examination

- A comprehensive physical examination should be conducted by a licensed physician in the school clinics or affiliated health care facility (Appendix 4).
- The comprehensive physical examination must be conducted for students at KG1, Grade 1, Grade 5, Grade 9 and should be completed within the first semester of the academic year.
- The medical history, growth parameters, vital signs and laboratory results must be reviewed by the physician.
- Blood pressure must be measured and plotted on the chart (Appendix 5).
- Depression screening should be performed by a physician for grade 9 students during the physical examination using PHQ-9 questionnaire (Appendix 8).
- The examination of genitalia will be excluded from the physical examination of student due to privacy reasons. A referral letter will be provided by the school nurse for this examination to be conducted in a healthcare facility with the presence of parents.
- Positive findings in the physical examination of a student should be discussed with the parent/ guardian and a referral letter should be provided.
- The school nurse should maintain contact with the parent /guardian to confirm that the student has received medical care, document it, and request a medical note from the healthcare provider.

#### 6.1.1 Scoliosis screening

- During the physical examination, scoliosis screening shall be conducted for each female student in the fifth grade and each male student in the ninth grade.
- The screening must be performed by the physician accompanied by the school nurse in an enclosed area for privacy.
- Female student must be examined by a female doctor only along with the female nurse.
- The screening must be explained to all students prior to the screening.
- During the physical exam, the student will be asked to face his/her back to the examiner. The student's back will be examined from behind with the student standing upright. The student will be asked to bend forward so that the examiner can screen for abnormal curvature of the backbone (Forward Bending Test).
- If positive findings were detected, parents/ guardian should be informed and receive a referral letter to seek medical care.
- The school nurse should maintain contact with the parent /guardian to confirm that the student has received medical care, document it, and request a medical note from the healthcare provider.

### 6.2 Hearing screening

- Hearing screenings must be conducted as follows:
  - o Mandatory for Grade 1 students.
  - o Recommended for Grade 3 and Grade 5 students.

- o Performed using an audiometer.
  - o Conducted by a trained school nurse or a specialized technician.
  - o Results must be recorded in the student's health file.
- **If positive findings are detected, the parent/guardian should be informed and provided with a referral letter from the school nurse to seek medical care**
  - **The school nurse should maintain contact with the parent /guardian to confirm that the student has received medical care, document it, and request a medical note from the healthcare provider.**
  - **If no audiometer is available at school, parents and guardians will receive an advice letter to seek medical care for hearing screening.**
  - **The school nurse should maintain contact with the parent /guardian to confirm that the student has been screened for hearing, document it, and request a medical note from the healthcare provider.**

### **6.3 Oral Health**

#### 6.3.1 Oral health promotion programs.

- Target group 1: Kindergarten students (KG 1 and KG 2)
- Target group 2: Grade 1, 2 and 3
- Approved oral health promotion materials must be unified and approved by all health authorities (Appendix 10).
- Trained and privileged school nurses must provide oral health promotion to target groups using the approved materials.
- Organized schools' campaigns/events by public and/or private dentists must use only the unified approved materials during their campaigns.

#### 6.3.2 Supervised toothbrushing programs

- Target group: Kindergarten students (KG 1 and KG 2)
- KG 1 and KG 2 students must perform once a day wet/dry toothbrushing during their school time.
- Health authority must train related school staff (teachers/assistants) who will supervise the students during toothbrushing activity.
- Toothbrushing programs supply can be provided by the students themselves or sponsored whenever possible.
- Regular fluoridated toothpaste must be used with no less than 1000 ppm.

#### 6.3.3 Fluoride varnish programs

- Target group: Grade 1, 2 and 3
- Fluoride varnish must be applied 1-2 times a year for the target group.
- Fluoride varnish must be applied by a dentist or trained/privileged healthcare worker.
- Fluoride varnish supply for public schools must be provided by related health authority.
- Fluoride varnish supply for private schools must be provided by affiliated health care facilities.
- Fluoride varnish campaigns run by the private sector must be reviewed and approved by related health authorities.

#### 6.3.4 Dental check-up (Recommended)

- Target group: Grade 1 students
- Timing: During the academic year of grade 1
- Full clinical and radiographic dental examination must be in a clinical set-up.
- Parents will receive an advice letter from a school nurse to visit the dental clinic for checkup at grade one.
- The school nurse should maintain contact with the parent /guardian to confirm that the student has received oral care, document it, and request a medical note from the healthcare provider

### 6.4. Mental Health Screening

#### 6.4.1 Attention Deficit Hyperactivity Disorder ADHD

- The Grade 1 class teacher should refer students showing symptoms of ADHD to the school nurse for screening.
- The school nurse provides SNAP-IV 18 questionnaire for attention deficit hyperactivity disorder (ADHD) (Appendix 7).
- The questionnaire must be completed by both the class teacher and the parent/guardian, with one copy for each.
- The school nurse must collect and interpret the findings.
- The screening is considered positive if one of the two filled questionnaires scored positive either from class teacher or parent/guardian.
- If positive findings were detected, parent/ guardian should be informed and receive a referral letter by school nurse to seek medical care.
- The school nurse should maintain contact with the parent /guardian to confirm that the student has received medical care, document it, and request a medical note from the healthcare provider.

#### 6.4.2 Depression

- Students in grade 9 must be screened for depression by a physician using PHQ-9 questionnaire during the physical examination (Appendix 8).
- Positive findings of the student should be discussed with the parent/ guardian and a referral letter should be provided. This discussion may include school psychologist, school counsellor or social worker.
- Confidentiality must be maintained.
- The school nurse should maintain contact with the parent /guardian to confirm that the student has received medical care, document it, and request a medical note from the healthcare provider.

### 6.5 Smoking screening

- Identify the smoking status of all students over the age of 10 as follows:
  - during every school clinic visits by school nurse.
  - during history taking and physical examinations by the physician.
- If there is a history of smoking, the student should be counselled and encouraged to quit.
- If the student is willing to quit guide to smoking cessation clinic.

### 6.6 Investigations (Complete Blood Count)

- Complete blood count should be performed for all students at grade 1 and for female students at grade 9 (mainly for anaemia).
- If a CBC test was performed at a licensed healthcare facility within the last three months, the results can be considered valid. Parents/ guardians must submit the CBC results to the school prior to the scheduled screening.
- Blood samples should be collected in the school clinic or at a healthcare facility after obtaining consent from the parent /guardian.
- Blood test result must be documented in the student health file.
- If positive findings were detected, parent/ guardian should be informed and receive a referral letter by school nurse to seek medical care.
- The school nurse should maintain contact with the parent /guardian to confirm that the student has received medical care, document it, and request a medical note from the healthcare provider.

## 7. Documentation and reporting data

- School Health screening findings should be recorded accurately in the student health file by the school nurse and the physician.
- parent/ guardian of the referred cases should be requested to provide a medical report/recommendation from the physician/specialist and to be attached in the student health file.
- Statistics of the school health screening and key performance indicators must be reported to the concerned health authority periodically.
- The concerned health authorities need to update the Ministry of Health & Prevention annually with the statistics and key performance indicators.

## 8. Roles and Responsibilities

### 8.1 Schools (Government & Private):

- All schools must:
  - Comply with federal and local laws and regulations.
  - Assign a full-time school nurse according to the criteria of the concerned health authority.
  - Maintain a clean and safe physical environment in the clinic.
  - Refrain students who are unwell from attending school.
  - Support the school nurses in adhering to national guidelines for school health screenings and student care. Assist in gathering medical history and obtaining parent or guardian consent, while ensuring the confidentiality, privacy, and security of student information.
  - Establish policies and procedures to communicate with parent/ guardian for the transfer of students to the health care facility in cases of emergency.

### 8.2 Health Authorities:

- Comply with federal and local laws and regulations governing school health.
  - Follow & implement the national school health screening guideline
  - Review & approve educational content and health materials used in health promotion campaigns.
  - Collaborate with educational institutions to monitor and evaluate health-related activities and outcomes.

- collects and analyse health data & statistics from schools
- Submit annual KPIs to MOHAP.
- Develop & distribute educational material to schools according to MOHAP school health guide lessons list. Appendix (9)
- Support the school nurses in adhering to national guidelines for school health screenings and student care.

### **8.3 School Nurses:**

- All school nurses must be licensed in UAE and have the necessary training and skills to deliver the school health screening.
- Communicate with parents/ guardians to update the medical history of the students annually and make sure to have a copy of a valid ID, health card and vaccination card of all students.
- If a student has a health file from a previous school, the school nurse should notify the school administration to obtain the old health file.
- If a student has a health file from a previous school, the school nurse should inform the school administration to retrieve it.
- Review and update the student health file.
- Conduct the screening for students according to the guidelines within a specific timeframe.
- Refer students with positive screening results by preparing a referral letter and informing their parent/ guardian.
- Give health education to students during any visit to the school clinic and when required (refer to Ministry of health and prevention school health guide lessons list. (Appendix 9).
- Collect and report the statistics & KPI s from the school health screenings to the concerned health authority.
- The confidentiality of students must be maintained.

### **8.4 Teachers:**

- Refer the students in case of developing any health concerning symptoms to the school nurse.
- observe signs and symptoms of ADHD among the class students and inform the school nurse.
- Complete the ADHD questionnaire (using SNAP-IV 18 questionnaire) when requested
- The confidentiality of students must be maintained.

### **8.5 Parents/guardians:**

- Read, fill in, and sign the student medical history form.
- Provide a copy of student's valid ID card, vaccination card, and a medical report in case of having any medical condition.
- Sign the consent form for the school health screening and vaccination.
- Provide and update the correct parent/ guardian information with two contact numbers for emergencies.
- In case of positive results, referral letter will be given, and it is parents/guardians responsibility to follow up with medical provider for further assessment & update school nurse about the assessment with a medical report/note.

### **8.6 Physicians:**

- All healthcare professionals must be licensed in UAE and have the necessary training and skills to deliver the school health screening.
- Conduct the screening for students according to the guidelines within a specific timeframe.
- Refer students with positive screening results according to specialty needed by preparing a referral letter and informing their parent/ guardian.
- Record the screening results in the student health file.
- Provide counselling for students and parent/ guardian when required.

**8.7 Students:**

- Participate in school health screening.
- Cooperate with the school nurse and follow the instructions.
- Attend the health education sessions.
- Report to the teacher and nurse in case of developing any symptoms.

## 9. Key Performance Indicators

KPI	Definition	Equation	Targeted Level	Results	Responsibility
1. Participation rate of student in school health screening (KG1, G1, G5, G9)	The number of students who participated in the school screening from the total number of school students in specific grade. (KG1, G1, G5, G9)	Number of students participated in the school screening / total number of school students in specific grade. (KG1, G1, G5, G9)	Annual 85%		From schools To Responsible Authorities then to MOHAP
2. Percentage of positive screening test findings in any of screening component (BMI, hearing, vision, anaemia, depression, and ADHD screening)	Number of students with positive screening test findings from the total number of screened school students in any of screening component (BMI, hearing, vision, oral, anaemia, depression, and ADHD screening)	(The number of students with positive screening test findings / the total number of screened school students in any of screening component (BMI, hearing, vision, oral, anaemia, depression, and ADHD screening)) *100	N/A		
3. Referral rate of students with abnormal screening	The number of referred students with positive findings from the total number of students with positive findings	(The number of referred students with positive findings / the total number of students with positive findings) *100	100%		
4. Percentage of positive screening test for depression	The number of students with positive screening for depression from the total number of screened students	(The number of students get positive screening for depression / the total number of screened students) *100	N/A		
5. Percentage of positive screening test for ADHD	The number of students with positive screening for ADHD from the total number of students in grade	(The number of students get positive screening for ADHD / the total number of students in grade 1) *100	N/A		
6. Percentage of positive screening test for anaemia	The number of students with positive screening for anaemia from the total number of screened students	(The number of students with positive screening for anaemia / the total number of screened students) *100	N/A		
7. Number of abnormal BMI Z score <ul style="list-style-type: none"> <li>• Obese &gt; +2</li> <li>• Overweight +1 to +2</li> <li>• Thinness &lt; -2</li> </ul>	The number of students with abnormal BMI Z score interpretation results	(Appendix 5)	N/A		
8. Participation rate in supervised toothbrushing programs (KG 1 and KG 2 students)	Number of students who participated from the total number who have the consent to participate	Numerator: number of students who participated Denominator: total number of students who have the consent to participate	85%		
9. Participation rate in fluoride varnish programs. (Grade 1,2, and 3 students)	Number of students who participated from the total number who have the consent to participate	Numerator: number of students who participated Denominator: total number of students who have the consent to participate	85%		

## 10. Appendix

Appendix 1: Medical history form

Appendix 2: School health screening consent form

Appendix 3: School Screening Tests Scheduled by grade.

Appendix 4: Physical exam form

Appendix 5: Blood pressure chart

Appendix 6: Body mass index (BMI) screening process for school nurse

Appendix 7: ADHD screening (SNAP-IV 18 questionnaire)

Appendix 8: Depression screening (PHQ-9 questionnaire)

Appendix 9: Ministry of health and prevention school health guide lessons list

Appendix 10: Oral health promotion

- Appendix 1: Medical history form

### Student Medical History Form

Student No.: .....

Dear parent/ Guardian:

Kindly fill this form about the medical history of your child by answering Yes or No. If any answer is Yes, please provide us with dates & details.

<b>Students Data:</b>				
Student's Name: .....		Gender : .....	Nationality: .....	
Date of Birth: .....		School: .....	Class: .....	
Guardian's Name .....		Relation to Student: .....		
Religion: .....		1 <sup>st</sup> Language: .....		
<b>Student's / guardian's Contact:</b>				
Emirate: .....		City: .....	Area: .....	Street: .....
Home phone NO.: .....		Mobile phone No.: .....	2 <sup>nd</sup> mobile No.: .....	
<b>Required documents:</b>				
		<b>attached</b>		
-	Emirates ID copy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
-	Vaccination card copy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
-	Insurance card copy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
No.	Health Concerns	Yes	No	Comments
1.	Does the students have any allergy or sensitivity to medications/food/ .....etc. please mention it if any.....			
2.	Does the students suffer from any cardiac problems?			
3.	Is the student Diabetic?			
4.	Does the student have hypertension?			
5.	Is the student asthmatic?			
6.	Does the student suffer from any renal problem?			
7.	Did the student suffer from recurrent urinary tract infections?			
8.	Does the student suffer from epilepsy/ seizures?			
9.	Is the student suffering from G6PD deficiency?			
10.	Does the student have any chronic blood disease? (Thalassemia, Anemia, Hemophilia ..... etc.)			
11.	Does the student suffer from Recurrent epistaxis (nasal bleeding)?			
12.	Does the student have any skin problems?			
13.	Does the student have any eye (ophthalmology) problems? (visual disturbances)?			
14.	Any previous surgical procedures done?			
15.	Any previous admissions to hospital? please mention			
16.	Is the student using any hearing /visual/walking/aids? If Yes, what is it?			

17.	Did the student ever get mumps, measles, chicken pox?			
18.	Does the student suffer from any psychiatric/ behavioural problems?			
19.	Does the student have any other chronic conditions?			

<b>If the student has any health problem, kindly answer the following questions: -</b>
Type of problem /disease & date of onset: .....
When was the last attack: .....
Name of hospital or health centre where the student is getting treatment / follow up: .....
Name of treating physician: .....
<b>Long term medication used by the student:</b>
<b>Name of Medication:</b> ..... <b>Dose &amp; frequency:</b> .....
<b>Medication recommended in case of emergency:</b> .....
<b>Dietary Recommendations:</b> .....
<b>Physical activity Recommendations:</b> .....
<b>Recommendations for the school nurse during the school hours:</b> .....
.....
.....

Parent's/Guardian's Name & Signatures..... Date: .....

**Note:**  
Kindly attach the medical report including the treatment plan at school with this form & send it back to the school nurse with the student.

Thank You

• Appendix 2: School health screening consent form

نموذج الموافقة على إجراء الفحص الطبي لطلاب المدارس

SCHOOL HEALTH SCREENING CONSENT FORM

The School Student Screening aims to assess the health status of students 4 years of age and older in order to detect health problems early. The school health screening consists of: specified screening according to the school stage for the Kg1, Grade 1, Grade 5, and Grade 9. And the annual health screening for students in all grades.

The Annual screening is performed by a school nurse in the school clinic and consists of: checking the body mass index, and vision screening. School nurse will also review student's medical record and vaccination status and will give health promotion appropriate to student age.

The specific screening delivered by a healthcare provider team (physician, nurse and medical technician) which consists of medical history taking, checking the body mass index, measuring blood pressure, vision and hearing test, physical examination, blood test and supervised tooth brushing program & fluoride varnish. Physician will also review students medical record and vaccination status and health education will be given. Students in Grade1 are expected to be screened for ADHD, if necessary. And Grade 9 students will be screened for depression by a physician.

Kindly note that the physical examination carried out by the doctor in Grade 1 will not include an examination of the genitalia, in order to preserve the privacy of the student, so the parent/guardian should go to the nearest health center to conduct this examination due to its importance.

After the school screening, any student with abnormal test results will receive a referral letter to his/her parents/guardian, directing them to take the student to an appointment with a specialist doctor.

The data collected will be used by governmental health authorities in the country to establish the disease pattern in the society and assist in the planning of national health initiatives. Note that all data will be dealt with confidentially and the personal information will be kept private.

I, (-----), the undersigning guardian of the student (-----), have received sufficient information about the screening and the purpose of conducting this screening for my child, and therefore I Agree, to conduct the tests that have been mentioned. I further agree to be contacted in the future if necessary, by the school nurse to follow up on my child's medical diagnosis and treatment and to send a copy of the report with my child.

Disagree, please mention the reason: -----

Required Documents:

Coby of Emirates ID (front and back)

A recent photograph of the student.

School Name: \_\_\_\_\_ Grade/Section: \_\_\_\_\_

Guardian 's Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date: \_\_\_\_\_

يهدف الفحص الطبي لطلبة المدارس إلى تقييم الحالة الصحية للطلاب الذين يبلغون من العمر 4 سنوات فما فوق من أجل الكشف عن المشكلات الصحية مبكراً. يتكون الفحص المدرسي من: اختبار الفحص المحدد حسب المرحلة الدراسية للروضة الأولى وللصف الأول، والخامس، والتاسع. واختبار الفحص السنوي للطلاب في كافة الصفوف.

الفحص السنوي يقوم به ممرض المدرسة في العيادة المدرسية ويتكون من فحص مؤشر كتلة الجسم، وفحص النظر. سيقوم ممرض المدرسة أيضاً بمراجعة السجل الطبي للطلاب وحالة التطعيم وسيقدم تلقياً نصائحاً مناسبة لعمر الطالب.

الفحص المحدد حسب المرحلة الدراسية والذي يقوم به فريق من مقدمي الرعاية الصحية (طبيب وممرضة وفني طبي) ويتكون من أخذ التاريخ الطبي، وإجراء فحص مؤشر كتلة الجسم، وقياس ضغط الدم، واختبار الرؤية والسمع، كما وسيتم إجراء الفحص السريري مع فحص الدم وبرنامج الإشراف على تفريش الأسنان ووضع الطلورايد. سيقوم الطبيب أيضاً بمراجعة السجل الطبي للطلاب وحالة التطعيم وسيتم إعطاء تقييد صحي مناسب لعمر الطالب. من المتوقع أن يتم فحص الطلاب في الصف الأول عن فرط الحركة وتشتت الانتباه إن لزم الأمر، كما وسيتم الفحص عن الاكتئاب لطلاب الصف التاسع بواسطة الطبيب.

كما يرجى العلم بأن الفحص السريري الذي يقوم به الطبيب في الصف الأول لن يشمل فحص الجهاز التناسلي وذلك حفاظاً على خصوصية الطالب، لذا على ولي الأمر التوجه إلى أقرب مركز صحي لإجراء هذا الفحص لأهميته.

بعد الفحص المدرسي، سيتلقى أي طالب لديه نتائج فحص غير طبيعية رسالة تحويل إلى والديه / الوصي عليه، وذلك لتوجيههم لأخذ موعد للطالب مع أحد الأطباء المختصين.

إن كافة البيانات المتعلقة بنتائج الفحوصات المدرسية سيتم استخدامها من قبل الجهات الصحية الحكومية بالدولة لدراسة نمط الأمراض في المجتمع، بهدف المساعدة في التخطيط للمبادرات الصحية الوطنية، علماً بأن جميع هذه البيانات سيتم التعامل معها بسرية تامة مع المحافظة على خصوصية المعلومات الشخصية.

أنا (-----) الوصي الموقع أدناه للطالب (-----)، تلقيت معلومات كافية حول الفحص والغرض من إجراء هذا الفحص، وبالتالي أنا أوافق على إجراء الفحوصات التي تم ذكرها. كما أوافق على أن يتم الاتصال بي في المستقبل إذا لزم الأمر من قبل ممرضة المدرسة لمتابعة التشخيص الطبي والعلاج لابي وإرسال نسخة من التقرير معه.

غير موافق، يرجى ذكر السبب: -----

المستندات المطلوبة:

صورة من بطاقة هوية الإمارات (الأمام والخلف)  
صورة شخصية حديثة للطالب

اسم المدرسة \_\_\_\_\_ الصف \_\_\_\_\_

توقيع ولي الأمر \_\_\_\_\_

رقم التواصل \_\_\_\_\_

التاريخ \_\_\_\_\_

- Appendix 3: School Screening Tests Scheduled by grade.

Grade	KG 1	1	2	3	4	5	6	7	8	9	10	11	12
Medical history	√	√	√	√	√	√	√	√	√	√	√	√	√
BMI	√	√	√	√	√	√	√	√	√	√	√	√	√
Vision	√	√	√	√	√	√	√	√	√	√	√	√	√
Hearing		√											
Physical Examination *	√	√				√				√			
Scoliosis screening						√ (F)				√ (M)			
Depression screening										√			
ADHD screening**		√											
Complete blood count		√								√ (F)			
Smoking screening ***						√	√	√	√	√	√	√	√
Oral health •	•	○	○	○									

- Supervised tooth brushing program for target group 1: KG1 and KG2

- o Fluoride varnish program for target group 2: grade 1,2,3.

\*Physical examination includes BP, screening for scoliosis and screening for depression

\*\*Screening for ADHD done for selected cases (recommendation by teacher)

\*\*\*Identify the smoking status of all students over age 10 years on every visit and at the time history taking and physical examination by the physician.

(F) for female only

(M) for male only .

- **Appendix 4: Physical exam form**

Student name:	Date of birth:
Student Emirate ID:	Grade:
<b>Physical Examination</b>	<b>Findings</b>
History	
General Appearance	
Vital Signs: <ul style="list-style-type: none"> <li>• Body temperature</li> <li>• Pulse</li> <li>• Blood pressure</li> <li>• Respiratory rate</li> </ul>	
Skin, Hair	
HEENT (Head, Eye, Ear, Nose, Throat) *	
Heart	
Chest	
Abdomen/ Hernia	
Musculoskeletal system (scoliosis)	
Impression/ Diagnosis	
Referral (Yes/No)	
Doctor name:	
Doctor signature and stamp:	

- Appendix 5: blood pressure chart for children
- What is the definition of HTN?
  - High blood pressure is defined as average systolic BP and/or diastolic BP  $\geq$  95th percentile for age, gender and height on more than 3 occasions.
  - Pre-hypertension is defined as SBP and/or DBP between 90th and 95th percentile.
  - For adolescents, BP readings  $\geq$  120/80 are pre-hypertensive.

**Table 2 – BP levels for girls by age and height percentile**

Blood Pressure Levels for Girls by Age and Height Percentile*															
Age (Year)	BP Percentile ↓	Systolic BP (mmHg)							Diastolic BP (mmHg)						
		← Percentile of Height →							← Percentile of Height →						
		5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th
1	50th	83	84	85	86	88	89	90	38	39	39	40	41	41	42
	90th	87	87	88	100	101	102	103	52	53	53	54	55	55	56
	95th	100	101	102	104	105	109	107	65	67	67	68	69	69	70
	99th	108	108	109	111	112	113	114	74	74	75	75	76	76	77
2	50th	85	85	87	88	89	91	91	43	44	44	45	46	46	47
	90th	88	89	100	101	103	104	105	57	58	58	59	60	61	61
	95th	102	103	104	105	107	108	109	61	62	62	63	64	65	65
	99th	109	110	111	112	114	115	116	69	69	70	70	71	72	72
3	50th	87	87	88	89	91	92	93	47	48	48	49	50	50	51
	90th	100	100	102	103	104	106	106	61	62	62	63	64	64	65
	95th	104	104	105	107	108	109	110	65	65	66	67	68	68	69
	99th	111	111	113	114	115	116	117	73	73	74	74	75	75	76
4	50th	88	89	90	91	92	94	94	50	50	51	52	52	53	54
	90th	101	102	103	104	105	107	108	64	64	65	66	67	67	68
	95th	105	106	107	108	110	111	112	68	68	69	70	71	71	72
	99th	112	113	114	115	117	118	119	76	76	76	77	78	78	79
5	50th	89	90	91	93	94	95	96	52	53	53	54	55	55	56
	90th	103	103	105	106	107	109	109	66	67	67	68	69	69	70
	95th	107	107	108	110	111	112	113	70	71	71	72	73	73	74
	99th	114	114	116	117	118	120	120	78	78	78	79	80	81	81
6	50th	91	92	93	94	96	97	98	54	54	55	56	56	57	58
	90th	104	105	106	108	109	110	111	69	69	69	70	70	71	72
	95th	108	109	110	111	113	114	115	72	72	73	74	74	75	76
	99th	115	116	117	118	120	121	122	80	80	80	81	82	83	83
7	50th	93	93	95	96	97	99	99	55	56	56	57	58	58	59
	90th	106	107	108	109	111	112	113	69	70	70	71	72	72	73
	95th	110	111	112	113	115	116	118	73	74	74	75	76	76	77
	99th	117	118	119	120	122	123	124	81	81	82	82	83	84	84
8	50th	95	95	96	97	99	100	101	57	57	57	58	59	60	60
	90th	108	109	110	111	113	114	114	71	71	71	72	73	74	74
	95th	112	112	114	115	116	118	119	75	75	75	76	77	78	78
	99th	119	120	121	122	123	125	125	82	82	83	83	84	85	86
9	50th	96	97	98	100	101	102	103	58	58	58	59	60	61	61
	90th	110	110	112	113	114	116	116	72	72	72	73	74	75	75
	95th	114	114	115	117	118	119	120	76	76	76	77	78	79	79
	99th	121	121	123	124	125	127	127	83	83	84	84	85	86	87
10	50th	98	99	100	102	103	104	105	59	59	59	60	61	62	62
	90th	112	112	114	115	116	118	118	73	73	73	74	75	76	76
	95th	116	116	117	119	120	121	122	77	77	77	78	79	80	80
	99th	123	123	125	126	127	129	129	84	84	85	85	86	87	88

**Table 2 – BP levels for girls by age and height percentile**

Age (Year)	BP Percentile ↓	Systolic BP (mmHg)							Diastolic BP (mmHg)						
		← Percentile of Height →							← Percentile of Height →						
		5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th
11	50th	100	101	102	103	105	106	107	60	60	60	61	62	63	63
	90th	114	114	116	117	118	119	120	74	74	74	75	76	77	77
	95th	118	118	119	121	122	123	124	78	78	78	79	80	81	81
	99th	125	125	126	128	129	130	131	85	85	86	87	87	88	89
12	50th	102	103	104	105	107	108	109	61	61	61	62	63	64	64
	90th	116	116	117	119	120	121	122	75	75	75	76	77	78	78
	95th	119	120	121	123	124	125	126	79	79	79	80	81	82	82
	99th	127	127	128	130	131	132	133	86	86	87	88	88	89	90
13	50th	104	105	106	107	109	110	110	62	62	62	63	64	65	65
	90th	117	118	119	121	122	123	124	76	76	76	77	78	79	79
	95th	121	122	123	124	126	127	128	80	80	80	81	82	83	83
	99th	128	129	130	132	133	134	135	87	87	88	89	89	90	91
14	50th	106	106	107	109	110	111	112	63	63	63	64	65	66	66
	90th	119	120	121	122	124	125	125	77	77	77	78	79	80	80
	95th	123	123	125	126	127	129	129	81	81	81	82	83	84	84
	99th	130	131	132	133	135	136	136	88	88	89	90	90	91	92
15	50th	107	108	109	110	111	113	113	64	64	64	65	66	67	67
	90th	120	121	122	123	125	126	127	78	78	78	79	80	81	81
	95th	124	125	126	127	129	130	131	82	82	82	83	84	85	85
	99th	131	132	133	134	136	137	138	89	89	90	91	91	92	93
16	50th	108	108	110	111	112	114	114	64	64	65	66	66	67	68
	90th	121	122	123	124	126	127	128	78	78	79	80	81	81	82
	95th	125	126	127	128	130	131	132	82	82	83	84	85	85	86
	99th	132	133	134	135	137	138	139	90	90	90	91	92	93	93
17	50th	108	109	110	111	113	114	115	64	65	65	66	67	67	68
	90th	122	122	123	125	126	127	128	78	79	79	80	81	81	82
	95th	125	126	127	129	130	131	132	82	83	83	84	85	85	86
	99th	133	133	134	136	137	138	139	90	90	91	91	92	93	93

**Table 1 – BP levels for boys by age and height percentile**

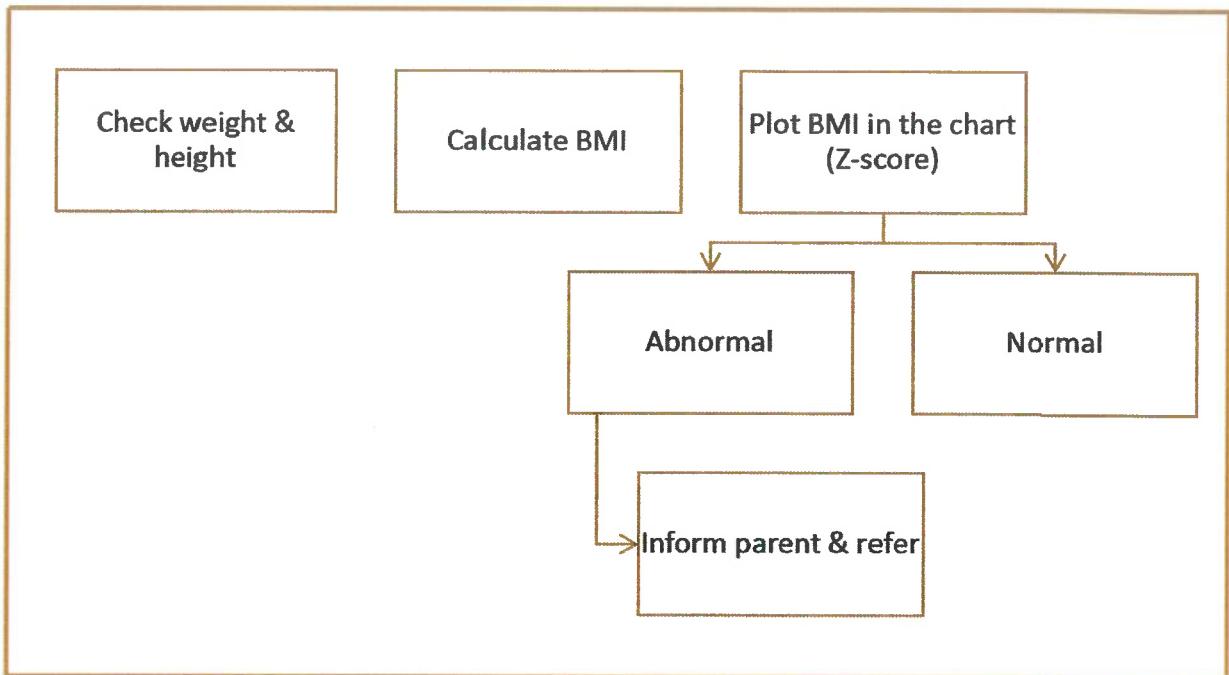
**Blood Pressure Levels for Boys by Age and Height Percentile\***

Age (Year)	BP Percentile ↓	Systolic BP (mmHg)							Diastolic BP (mmHg)						
		← Percentile of Height →							← Percentile of Height →						
		5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th
1	50th	80	81	83	85	87	88	89	34	35	36	37	38	39	39
	90th	94	95	97	99	100	102	103	49	50	51	52	53	53	54
	95th	98	99	101	103	104	106	106	54	54	55	56	57	58	58
	99th	105	106	108	110	112	113	114	61	62	63	64	65	66	66
2	50th	84	85	87	88	90	92	92	39	40	41	42	43	44	44
	90th	97	99	100	102	104	105	106	54	55	56	57	58	58	59
	95th	101	102	104	106	108	109	110	59	59	60	61	62	63	63
	99th	109	110	111	113	115	117	117	66	67	68	69	70	71	71
3	50th	86	87	89	91	93	94	96	44	44	45	46	47	48	48
	90th	100	101	103	105	107	108	109	59	59	60	61	62	63	63
	95th	104	105	107	109	110	112	113	63	63	64	65	66	67	67
	99th	111	112	114	116	118	119	120	71	71	72	73	74	75	75
4	50th	88	89	91	93	95	96	97	47	48	49	50	51	51	52
	90th	102	103	105	107	109	110	111	62	63	64	65	66	66	67
	95th	106	107	109	111	112	114	115	66	67	68	69	70	71	71
	99th	113	114	116	118	120	121	122	74	75	76	77	78	78	79
5	50th	90	91	93	95	96	98	98	50	51	52	53	54	55	55
	90th	104	105	106	108	110	111	112	65	66	67	68	69	69	70
	95th	108	109	110	112	114	115	116	69	70	71	72	73	74	74
	99th	115	116	118	120	121	123	123	77	78	79	80	81	81	82
6	50th	91	92	94	96	98	99	100	53	53	54	55	56	57	57
	90th	105	106	108	110	111	113	113	68	68	69	70	71	72	72
	95th	109	110	112	114	115	117	117	72	72	73	74	75	76	76
	99th	118	117	119	121	123	124	125	80	80	81	82	83	84	84
7	50th	92	94	95	97	99	100	101	55	55	56	57	58	59	59
	90th	106	107	109	111	113	114	115	70	70	71	72	73	74	74
	95th	110	111	113	115	117	118	119	74	74	75	76	77	78	78
	99th	117	118	120	122	124	125	126	82	82	83	84	85	86	86
8	50th	94	95	97	99	100	102	102	56	57	58	59	60	60	61
	90th	107	109	110	112	114	115	116	71	72	72	73	74	75	76
	95th	111	112	114	116	118	119	120	75	76	77	78	79	79	80
	99th	119	120	122	123	125	127	127	83	84	85	86	87	87	88
9	50th	95	96	98	100	102	103	104	57	58	59	60	61	61	62
	90th	109	110	112	114	115	117	118	72	73	74	75	76	76	77
	95th	113	114	116	118	119	121	121	76	77	78	79	80	81	81
	99th	120	121	123	125	127	128	129	84	85	86	87	88	88	89
10	50th	97	98	100	102	103	105	106	58	59	60	61	61	62	63
	90th	111	112	114	115	117	119	119	73	73	74	75	76	77	78
	95th	115	116	117	119	121	122	123	77	78	79	80	81	81	82
	99th	122	123	125	127	128	130	130	85	86	86	88	88	89	90

**Table 1 – BP levels for boys by age and height percentile**

Age (Year)	BP Percentile ↓	Systolic BP (mmHg)						Diastolic BP (mmHg)									
		← Percentile of Height →								← Percentile of Height →							
		5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th		
11	50th	99	100	102	104	105	107	107	59	59	60	61	62	63	63		
	90th	113	114	115	117	119	120	121	74	74	75	76	77	78	78		
	95th	117	118	119	121	123	124	125	78	78	79	80	81	82	82		
	99th	124	125	127	129	130	132	132	86	86	87	88	89	90	90		
12	50th	101	102	104	106	108	109	110	59	60	61	62	63	63	64		
	90th	115	116	118	120	121	123	123	74	75	75	76	77	78	79		
	95th	119	120	122	123	125	127	127	78	79	80	81	82	82	83		
	99th	126	127	129	131	133	134	135	86	87	88	89	90	90	91		
13	50th	104	105	106	108	110	111	112	60	60	61	62	63	64	64		
	90th	117	118	120	122	124	125	126	75	75	76	77	78	79	79		
	95th	121	122	124	126	128	129	130	79	79	80	81	82	83	83		
	99th	128	130	131	133	135	136	137	87	87	88	89	90	91	91		
14	50th	106	107	109	111	113	114	115	60	61	62	63	64	65	65		
	90th	120	121	123	125	126	128	128	75	76	77	78	79	79	80		
	95th	124	125	127	128	130	132	132	80	80	81	82	83	84	84		
	99th	131	132	134	136	138	139	140	87	88	89	90	91	92	92		
15	50th	109	110	112	113	115	117	117	61	62	63	64	65	66	66		
	90th	122	124	125	127	129	130	131	76	77	78	79	80	80	81		
	95th	126	127	129	131	133	134	135	81	81	82	83	84	85	85		
	99th	134	135	136	138	140	142	142	88	89	90	91	92	93	93		
16	50th	111	112	114	116	118	119	120	63	63	64	65	66	67	67		
	90th	125	126	128	130	131	133	134	78	78	79	80	81	82	82		
	95th	129	130	132	134	135	137	137	82	83	83	84	85	86	87		
	99th	136	137	139	141	143	144	145	90	90	91	92	93	94	94		
17	50th	114	115	116	118	120	121	122	65	66	66	67	68	69	70		
	90th	127	128	130	132	134	135	136	80	80	81	82	83	84	84		
	95th	131	132	134	136	138	139	140	84	85	86	87	87	88	89		
	99th	139	140	141	143	145	146	147	92	93	93	94	95	96	97		

- Appendix 6: Body mass index (BMI) screening process for school nurse



**Height-for-Age (HAZ):**

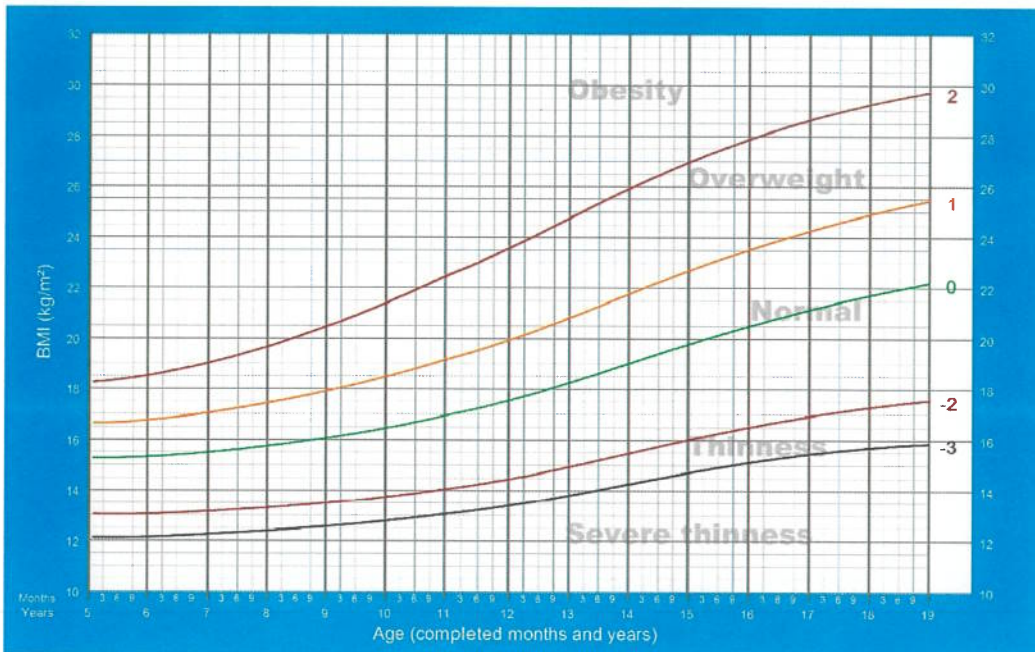
z-score range	Interpretation
> +2	Tall stature.
-2 to +2	Normal height.
< -2	Stunted growth or delayed puberty.

**BMI-for-Age (BAZ):**

z-score range	Interpretation
> +2	Obesity.
+1 to +2	Overweight.
-2 to +1	Normal BMI.
< -2	Wasting/underweight.

## BMI-for-age BOYS

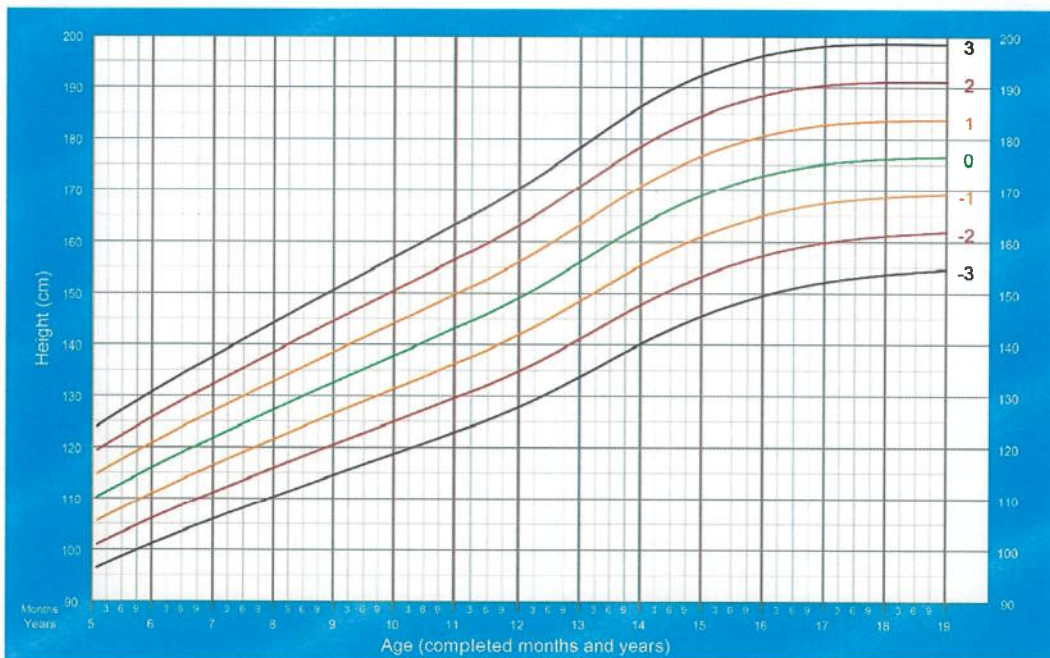
5 to 19 years (z-scores)



2007 WHO Reference

## Height-for-age BOYS

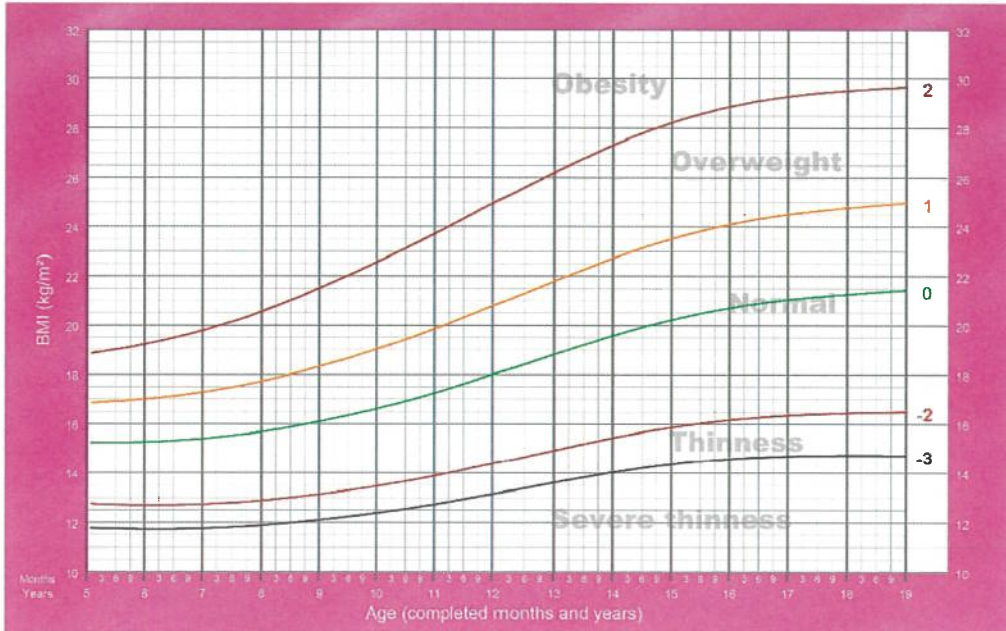
5 to 19 years (z-scores)



2007 WHO Reference

## BMI-for-age GIRLS

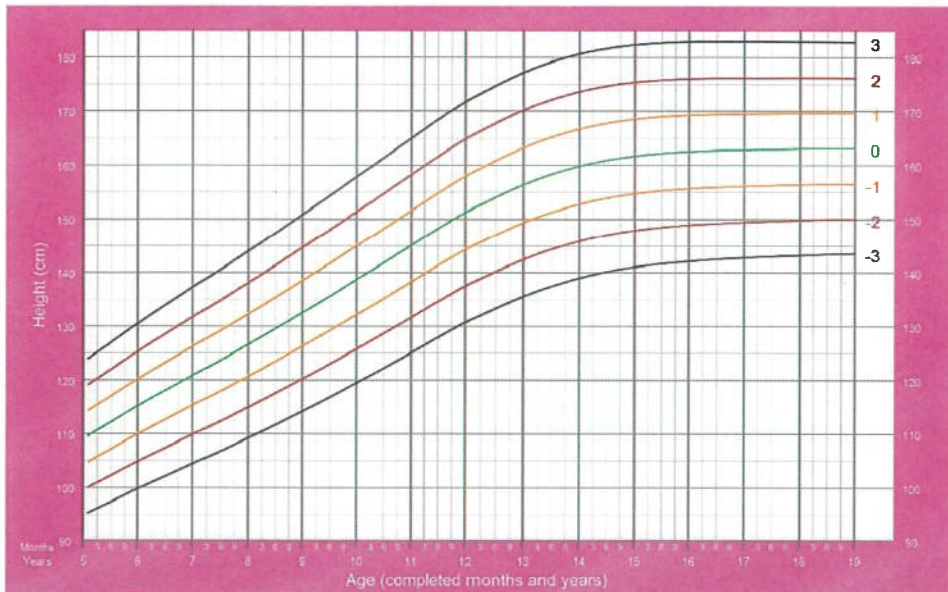
5 to 19 years (z-scores)



2007 WHO Reference

## Height-for-age GIRLS

5 to 19 years (z-scores)



2007 WHO Reference

• **Appendix 7: ADHD screening (SNAP-IV 18 questionnaires)**

For each item, check the column which best describes this child:

	Questions	Not at all	Just a little	Quite a bit	Very much
<b>Inattention symptoms</b>	1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
	2. Often has difficulty sustaining attention in tasks or play activities				
	3. Often does not seem to listen when spoken to directly				
	4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
	5. Often has difficulty organizing tasks and activities				
	6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
	7. Often loses things necessary for activities (e.g., toys, school assignments, pencils or books)				
	8. Often is distracted by extraneous stimuli				
	9. Often is forgetful in daily activities				
	10. Often fidgets with hands or feet or squirms in seat				
<b>Hyperactive symptoms</b>	11. Often leaves seat in classroom or in other situations in which remaining seated is expected				
	12. Often runs about or climbs excessively in situations in which it is inappropriate				
	13. Often has difficulty playing or engaging in leisure activities quietly				
	14. Often is "on the go" or often acts as if "driven by a motor"				
	15. Often talks excessively				
	16. Often blurts out answers before questions have been completed				
	17. Often has difficulty awaiting turn				
	18. Often interrupts or intrudes on others (e.g., butts into conversations/ games)				

## Scoring guide for SNAP-IV 18-Item Teacher and Parent Rating Scale

The SNAP-IV 18-item scale is an abbreviated version of the Swanson, Nolan, and Pelham (SNAP) Questionnaire (Swanson, 1992; Swanson et al., 1983). Items from the DSM-IV criteria for attention-deficit/hyperactivity disorder (ADHD) are included for the two subsets of symptoms: Inattention (items 1–9) and Hyperactivity/Impulsivity (items 10– 18).

Symptom severity is rated on a 4-point scale. Responses are scored as follows:

- Not at all = 0
- Just a little = 1
- Quite a bit = 2
- Very much = 3

The scores in each of the two subsets (inattention, and hyperactivity/impulsivity) are totalled. A suggested scoring guideline is below:

### Questions 1 – 9: Inattention Subset

- < 13/27 = Symptoms not clinically significant
- 13 – 17 = Mild symptoms
- 18 – 22 = Moderate symptoms
- 23 – 27 = Severe symptoms

### Questions 10 – 18: Hyperactivity/Impulsivity Subset

- <13/27 = Symptoms not clinically significant
- 13 – 17 = Mild symptoms
- 18 – 22 = Moderate symptoms
- 23 – 27 = Severe symptoms

If desired, the average rating for each subset can be calculated by totalling the scores for the items in the subset and dividing by the number of items. The average can be compared with cut-off scores suggestive of ADHD reported in the literature.

- Appendix 8: Depression screening (PHQ-9 questionnaire)

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)				
Over the last 2 weeks, how often have you been bothered by the following problems	Not at all	Several days	More than half the days	Nearly every day
1.Little interest or pleasure in doing thing	0	1	2	3
2.Feeling down, depressed or hopeless	0	1	2	3
3.Trouble falling or staying asleep, or sleeping too much?	0	1	2	3
4.Feeling tired or having little energy?	0	1	2	3
5.Poor appetite or overeating?	0	1	2	3
6.Feeling bad about yourself — or that you are a failure or have let yourself or your family down?	0	1	2	3
7.Trouble concentrating on things, such as reading the newspaper or watching television?	0	1	2	3
8.Moving or speaking so slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual?	0	1	2	3
9.Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?	0	1	2	3
<p><b>Interpretation:</b></p> <p>A PHQ-9 score ranges from 0-27.</p> <p>Scoring 0-4 points = negative screening, 5-9 points = mild depression, 10-14 points = moderate depression, 15-19 points= moderately severe depression, and 20 or more points= Very severe depression.</p>				

• Appendix 9: Ministry of health and prevention school health guide lessons list

Grade Level	Topics	Details
Kindergarten (KG)	Nutrition	Daily: "5 a day" (5 servings of fruits and vegetables).
	Physical Activity	"Let's play together."
	Other Topics	Drinking water.

First stage	Topics	Details
Grades 1–5	Nutrition	- Daily: "5 a day" (5 servings of fruits and vegetables). - Healthy snacks and drinks.
	Physical Activity	"Let's play together."
	Smoking	- "How to say no to smoking."
	Other Topics	- Handwashing. - Oral hygiene. - Learning about the respiratory system. - First aid basics. - Learning about diabetes (Type 1).

Second stage	Topics	Details
Grades 6–9	Nutrition	- Eating disorders. - Understanding nutrition labels. - Smart shopping. - Healthy fast-food options. - How to choose healthy products. - Healthy cooking. - Are your beverages healthy or sugary?
	Physical Activity	- "Exercise is a habit and a source of joy."
	Smoking	- "How to say no to smoking."
	Other Topics	- Puberty for boys and girls. - Understanding Type 1 diabetes.

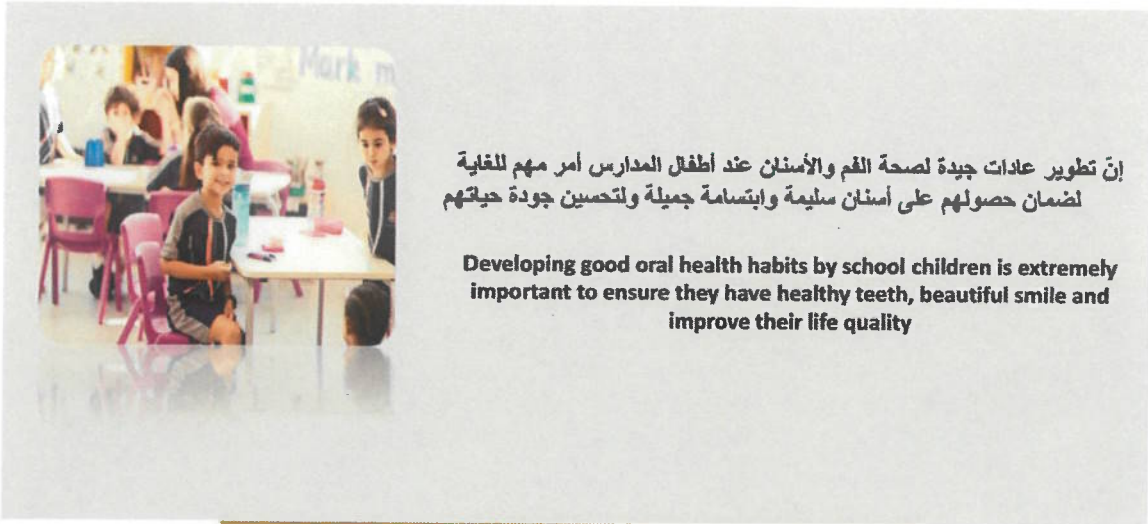
Third stage	Topics	Details
Grades 10–12	Nutrition	<ul style="list-style-type: none"> <li>- Smart shopping.</li> <li>- Advanced nutrition label understanding.</li> <li>- "Is my weight ideal?"</li> <li>- Proteins and muscle building.</li> <li>- "My diet and me."</li> <li>- eating disorders.</li> <li>- Are your beverages healthy or sugary? .</li> </ul>
	Physical Activity	- "Exercise is a habit and a source of joy".
	Smoking	- Smoking and its harms.
	Other Topics	<ul style="list-style-type: none"> <li>- Breastfeeding and its importance.</li> <li>- Understanding diabetes.</li> <li>- Family health</li> </ul>

<b>Common Lessons Between Second and Third Stages</b>
What is Bullying?
Drinking Water
First Aid
Boost Your Immunity with Vaccines
Narcotics

- Appendix 10: National School Oral Health Program



صحة الفم والأسنان لدى أطفال المدارس  
Oral health for school children



إنّ تطوير عادات جيدة لصحة الفم والأسنان عند أطفال المدارس أمر مهم للغاية لضمان حصولهم على أسنان سليمة وابتسامة جميلة ولتحسين جودة حياتهم

Developing good oral health habits by school children is extremely important to ensure they have healthy teeth, beautiful smile and improve their life quality



### للمحافظة على صحة الفم والأسنان لدى الأطفال من المهم اتباع ما يلي:

1. الغذاء الصحي المتوازن وتجنب السكريات/الحلويات.
2. تنظيف الأسنان باستخدام معجون مدعم بالفلورايد.
3. زيارة طبيب الأسنان بشكل دوري (مرتين سنوياً على الأقل).
4. وضع طبقة الفلورايد لدى طبيب الأسنان (مرتين سنوياً على الأقل).
5. تطبيق المادة السادة الوقائية على الأسنان الدائمة.
6. استخدام واقي الأسنان أثناء ممارسة الرياضة.

### To maintain oral and dental health in children, it is important to follow these steps:

1. To have balanced healthy diet avoiding refined sugar and sweets.
2. Brushing teeth using fluoride toothpaste.
3. Regular visits to dentist (at least biannually).
4. Applying fluoride varnish by your dentist (at least biannually).
5. Application of protective dental sealants for permanent teeth.
6. Using a mouth guard during sport activities.

### غذاء صحي متوازن والقليل من السكريات

### Balanced, healthy diet and reduced sugar intake



ينصح بشرب الماء بين الوجبات بما يقارب 6-8 أكواب من الماء يومياً (1).

It is recommended to drink water between meals, approximately 6-8 cups of water daily. (1)

ينصح بأكل الفاكهة بدلاً من شرب عصير الفاكهة (2,3).

It is recommended to eat fruits instead of drinking fruit juices. (2,3)

ينصح بتناول وجبات خفيفة من الأطعمة الصحية ، والتي تحتوي على نسبة منخفضة من السكر ، مثل الفاكهة الطازجة ، الجزر ، الفلفل الحلو ، الخبز المحمص ، الشوفان وأحياناً كمية صغيرة من الجبن قليل النسم (1,2,3) .

It is recommended to consume healthy snacks that are low in sugar, such as fresh fruits, carrots, capsicum, toasted bread, oats, and occasionally a small amount of low-fat cheese. (1,2,3)

ينصح بقصر الأطعمة والمشروبات التي تحتوي على السكر على أوقات الوجبات الرئيسية لتقليل الوقت الذي تتعرض فيه الأسنان للأحماض الناتجة عن السكريات و المسببة للتسوس (2,3).

It is recommended to limit sugary foods and drinks to main mealtimes to reduce the duration of acid exposure on teeth caused by sugars, which can lead to tooth decay. (2,3)

## تنظيف الأسنان مرتين في اليوم لمدة دقيقتين Brush your teeth twice a day for two minutes



- تفريش الاسنان صباحا و قبل النوم مع عدم تناول أي طعام أو شراب بعد تنظيف الأسنان بالليل ، باستثناء الماء (1).

Brush your teeth in the morning and before bedtime, avoiding any food or drink after nighttime brushing except water (1)

- تنظيف جميع أسطح الاسنان على طول خط اللثة بحركة دائرية (1).

Clean all tooth surfaces along the gum line with a circular motion (1)

- سيحتاج الأطفال عادةً إلى شخص بالغ لمساعدتهم في تنظيف أسنانهم بالفرشاة حتى بلوغهم سن السابعة (1)

Children will usually need an adult to help them brush their teeth until they reach the age of seven (1)

## استخدم معجون أسنان يحتوي على الفلورايد Use a Fluoride toothpaste



يُنصح بعدم المضمضة بالماء بعد التفريش و ذلك لضمان بقاء الفلورايد على أسطح الأسنان لحمايتها (1).

It is recommended not to rinse with water after brushing to ensure that fluoride remains on tooth surfaces for protection (1)

من عمر 3 سنوات فأكثر ، يمكن لطفلك استخدام كمية صغيرة من معجون الأسنان بحجم حبة البازلاء (1).  
يحتوي على 1500-1000 جزء في المليون من الفلورايد (1).

For children aged 3 years and above, a small amount of toothpaste (pea-sized) can be used (1). It should contain 1000-1500 parts per million (ppm) of fluoride (1)

## المادة السادة اللاصقة ووضع طبقة الفلورايد Sealant material and Fluoride varnish



ينصح بزيارة طبيب الأسنان لوضع المادة السادة اللاصقة عند الحاجة على جميع تجاويف وشقوق أضرار الأسنان الدائمة في أسرع وقت ممكن بعد بزوغها(1).

It is recommended to visit your dentist to apply a sealant material when needed on all pits and fissures of permanent teeth as soon as possible after they erupt (1).



ينصح بزيارة طبيب الأسنان لوضع طبقة الفلورايد مرتين في السنة (1).

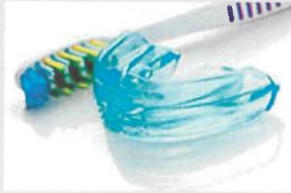
It is recommended to visit your dentist to apply a fluoride layer twice a year (1).



ينصح بزيارة طبيب الأسنان بشكل دوري (1).

It is recommended to visit your dentist regularly (biannual).(1)

## واقى الأسنان Mouthguard



واقى الأسنان: هو جهاز وقائي للفم يغطي الأسنان واللثة لمنع وتقليل إصابة الأسنان والشفتين واللثة في حالة الحوادث أو الإصابات (4,5).

Mouthguard: It is a protective device for the mouth that covers teeth and gums to prevent and reduce injuries to the teeth, lips, and gums (4,5).

إذا كان طفلك من محبي ممارسة الرياضات التي تتطلب الاحتكاك الجسدي أو الأنشطة التي يوجد بها خطر إصابة الوجه ينصح بزيارة طبيب الأسنان لعمل واقى للأسنان

If your child enjoys practicing contact sports or engaging in activities that pose a risk of facial injury, it is recommended to visit your dentist to make a mouthguard

## منتجات خاصة بذوي الهمم Special products for people of determination



- يمكن أن تساعد المنتجات التالية ، المتوفرة تجاريًا ، عند تنظيف أسنان طفلك: (7,8)
- فرش أسنان مزدوجة الرأس.
  - قبضة خاصة بالفرشاة.
  - فرش الأسنان ذات شكل الإصبع.
  - معاجين الأسنان الغير منكهة.
  - واقيات عضة الأصابع لحماية أصابع الأباء عند تنظيف أسنان أطفالهم بالفرشاة.

The following commercially available products can help when cleaning your child's teeth (7,8):

- Double-headed toothbrushes.
- Special grips.
- Finger-shaped toothbrushes.
- Unflavored toothpastes.
- Finger bite guards to protect parents' fingers when brushing their children's teeth.



## 11. References

1. Ministry of Health and Prevention. (2015). *School students screening and preventive services guideline*.
2. Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606–613. <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>
3. Spitzer, R. L., Kroenke, K., & Williams, J. B. W. (1999). Validation and utility of a self-report version of PRIME-MD: The PHQ Primary Care Study. *JAMA*, 282(18), 1737–1744. <https://doi.org/10.1001/jama.282.18.1737>
4. Spitzer, R. L., Williams, J. B. W., Kroenke, K., et al. (2000). Validity and utility of the Patient Health Questionnaire in assessment of 3000 obstetric-gynecologic patients: The PRIME-MD Patient Health Questionnaire Obstetrics-Gynecology Study. *American Journal of Obstetrics and Gynecology*, 183(4), 759–769. <https://doi.org/10.1067/mob.2000.106580>
5. Rehabilitation, S. F. D. A. (2021). *Hearing screening: Considerations for implementation*. World Health Organization. <https://www.who.int/publications/i/item/9789240032767>
6. Health Promotion Board. (n.d.). *Schools*. <https://hpb.gov.sg/schools>
7. Scottish Consultants in Dental Public Health Group. (2017). *Recommendations on the use of fluoride toothpaste and fluoride supplements in Scotland*. Retrieved from <http://www.scottishdental.org/library/recommendations-on-the-use-of-fluoride-toothpaste-and-fluoride-supplements-in-scotland-2017/>
8. NHS Scotland. (2012). *Oral health and nutrition guidance for professionals*. Retrieved from <https://www.healthscotland.com/documents/5885.aspx>
9. Public Health England, Welsh Government, Food Standards Scotland, & Food Standards Agency in Northern Ireland. (2016). *The Eatwell Guide*. Retrieved from <https://www.foodstandards.gov.scot/publications-and-research/eatwell-guide-booklet>
10. American Society for Testing and Materials. (2016). *ASTM F697-16: Standard practice for care and use of athletic mouth protectors*. West Conshohocken, PA. Retrieved from <https://www.astm.org/Standards/F697.htm>
11. American Academy of Pediatric Dentistry. (2018). *Policy in prevention of sports-related orofacial injuries*.
12. Eichenauer, J., Serbesis, C., & Ruf, S. (2011). Cleaning removable orthodontic appliances: A survey. *Journal of Orofacial Orthopedics*, 72(5), 389–395. <https://doi.org/10.1007/s00056-011-0055-8>
13. Department of Health, Public Health England, & British Association for the Study of Community Dentistry. (2017). *Delivering better oral health: An evidence-based toolkit for prevention* (3rd ed.).
14. Public Health England. (2017). *Delivering better oral health: A quick guide to a healthy mouth in children*.