

Students

Health Assessments and Immunizations

Routine Health Assessment

Health Assessments will be provided by the school Medical Advisor (or advisor designee) without charge to all students whose parents or guardians meet the eligibility requirement of the National School Lunch Program or Free Milk Program.

The State form HAR is the designated form for health assessments. This form cannot be used unless the following conditions must be met:

1. All basic information on health assessment record.
2. Part 1 of HAR
3. Minimal requirements as mandated by Connecticut State Law: Height, Weight, Blood Pressure, Hemoglobin/Hematocrit, Gross Dental, Scoliosis, Vision, Auditory, Immunization and beginning with the 2003-2004 school year, a chronic disease assessment which shall include, but not be limited to, asthma.
4. Physician (or designee) signature along with designated level of participation in school
5. Parent permission required if nurse completes hematocrit/hemoglobin or tine/mantoux (Form #5141.2(1)).

The assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley's anemia and test for lead levels in the blood when the Board of Education, after consultation with the school medical advisor and the local health department, determine such tests are necessary.

A test for tuberculosis, as indicated above, is not mandatory, but should be performed if any of the following risk factors prevail:

1. birth in a high risk country of the world (to include all countries in Africa, Asia, the former Soviet Union, Central and South America, Dominican Republic and Haiti);
2. travel to a high risk country since the previously required examination;
3. extensive contact with persons who have recently come to the United States since the previously required examination;
4. contact with persons suspected to have tuberculosis;
5. have been incarcerated;
6. have been living in a homeless shelter, or
7. have HIV infection.

A six week temporary registration may be pursued for those in violation of health assessment if form # 5141.2 (g) is completed.

Students

Health Assessments and Immunizations (continued)

Immunizations

The school nurse is responsible for reviewing each student's immunization record to determine compliance with applicable state laws and regulations. Students will not be permitted to enroll if Connecticut state immunization requirements are not met.

In the event or possibility of measles, rubella, polio, diphtheria, tetanus, pertussis, mumps, or hemophilis influenza (HIB), the school nurse shall immediately report to the nursing supervisor. The School Medical Advisor, school officials, local Director of Health, and Department of Public Health - Immunizations shall also be notified. The School Medical Advisor shall make appropriate decisions regarding parental notification.

Letter Distribution Throughout the School Year

Letter	#1	distribute in June by school nurse to 5 th and 9 th graders
	#2	distribute in September to 6 th and 10 th graders by school nurse
	#3	distribute June 1 st by school nurse (copy of outdated list to Special Education office)
	#4	distribute in September by school nurse
	#5	Temporary Registration Form - Principal
	#6	distribute from school principal
	#7	distribute in January/follow up in newsletter in June by school nurse

a) For initial entry into school for kindergarten, regular and special education pre-school programs:

- Varicella (Chickenpox) Immunity
 - (i) All students born January 1, 1997 or later must show proof of immunity to varicella (chickenpox) for entry into licensed pre-school programs and kindergarten.
 - (ii) Proof of immunity includes any of the following:
 - * Documentation of age appropriate immunizations considered to be one dose administered on or after the student's first birthday (if the student is less than 13 years old) or two doses administered at least 30 days apart for students whose initial vaccination is at thirteen years of age or older.
 - * Serologic evidence of past infection.
 - * Statement signed and dated by a physician, physician assistant or advanced practice registered nurse indicating a child has already had chickenpox based on family and/or medical history. (Date of chickenpox illness not required)
 - (iii) All students are required to show proof of immunity (see above) to Varicella for entry into 7th grade.

Students

Health Assessments and Immunizations (continued)

b) For entry into seventh (7th) grade -

- Proof of having received 2 doses of measles-containing vaccine.
In those instances at entry to seventh grade, where an individual has not received a second dose of measles contained vaccine, a second dose shall be given. If an individual has received no measles containing vaccines, the second dose shall be given no less than thirty (30) days after the first. (Students entering 7th grade must show proof of having received 2 doses of measles-containing vaccine)
- Proof of Varicella (Chickenpox) Immunity.
 - (i) Two doses, given at least 30 days apart for students whose initial vaccination is at 13 years of age and older, or
 - (ii) Serologic evidence of past infection, or
 - (iii) A statement signed and dated by a physician, physician assistant, or advanced practice registered nurse indicating that the child has already had chickenpox based on family and/or medical history. (Date of chickenpox illness not required)
- Proof of at least one dose of Hepatitis B vaccine or show proof of serologic evidence of infection with Hepatitis B.

NOTE: Students must show proof of 3 doses of Hepatitis B vaccine or serologic evidence of infection to enter eighth grade.

Immunization requirements are satisfied if a student:

- i) presents verification of the above mentioned required immunizations;
- ii) presents a certificate from a physician, physician assistant, advanced practice registered nurse or a local health agency stating that initial immunizations have been administered to the child and additional immunizations are in process;
- iii) presents a certificate from a physician stating that in the opinion of the physician immunization is medically contraindicated because of the physical condition of the child;
- iv) presents a statement from the parents or guardian of the child that such immunization would be contrary to religious beliefs of the child;
- v) he/she has had a natural infection confirmed in writing by a physician, physician assistant, advanced practice registered nurse or laboratory.

Health assessment and health screening requirements are waived if the parent legal guardian of the student or the student (if he or she is an emancipated minor or is eighteen years of age or older) notifies the school personnel in writing that the parent, guardian or student objects on religious grounds. (CGS 10-204a)

Students failing to meet the above requirements shall not be allowed to attend school.

Students

Health Assessments and Immunizations (continued)

In the event of a diagnosed communicable disease or the possibility of such a disease (i.e., measles, rubella, polio, diphtheria, tetanus, pertussis, mumps and hemophilus influenza), the school nurse shall immediately notify the nursing supervisor. The nursing supervisor will notify the school medical advisor and school officials. The school medical advisor shall make the appropriate decisions regarding public notification. The school medical advisor and/or the treating physician will notify the Director of Health and the State Department of Health – Immunizations if deemed appropriate.

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Date _____

Dear Parent or Guardian,

Health assessments are required during the 6th and 10th grade to comply with Connecticut School Health Law (C.G.S. 10-206). In order to be considered valid, the health assessments must be completed 12 months prior to registration or entrance into 7th and 11th grade.

Early scheduling avoids delays and allows time for cancellation and illness. Timely planning avoids exclusion from school for those not in compliance.

If there is any problem obtaining a health assessment for any reason, please contact your school nurse or the Visiting Nurse Association of Southeastern Connecticut (444-1111 ext. 307) as soon as possible for assistance.

Other points of consideration:

- Urinalysis and hematocrit (finger stick) are required;
- MMR (measles, mumps, rubella) booster and varicella, as it will be a requirement for entrance into 7th grade;
- Participation in sports requires a physical within one year to cover each sport season;
- Eligibility for free and reduced meals under the National School Lunch Program entitles its recipients to a health assessment at no cost.

A Health Assessment form is attached and should be returned to your school nurse.

Providing a safe health plan for individual students is a concern for all parents, health providers and schools; confidential health assessments assist in this achievement.

Thank you for your anticipated cooperation.

Sincerely,

School Nurse

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Date _____

Dear Parent or Guardian,

The Waterford Board of Education, in compliance with the Connecticut School Health Law (P.A. 80-440), requires health assessments during the 6th and 10th grades. The assessment is considered valid if it is completed twelve months prior to entrance into the 7th and/or 11th grades.

In addition, the following are required for students to enter 7th grade:

- Proof of a second immunization against measles
- Proof of immunity to chicken pox
- Proof of serological infection with Hepatitis B or at least one dose of Hepatitis B vaccine. The remaining 2 doses of Hepatitis B vaccine will be required for entry into grade 8.

If there are any questions and/or problems obtaining a health assessment or if a requested form is needed please contact your school nurse at _____.

Thank you,

Principal

School Nurse

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Date _____

Dear Parent or Guardian,

During the course of the year, two letters have been directed to your attention concerning the Connecticut School Health Law (PA 80-44) which requires evidence of a health assessment during the 6th and 10th grades. In addition, proof of a second MMR is needed prior to entrance into the 7th grade. School records indicate that your child still needs:

- Proof of health assessment
- Proof of immunity to chicken pox
- Proof of second immunization against measles
- Proof of at least one dose of Hepatitis B vaccine

Waterford Board of Education policy states that failure to adhere to this requirement will result in exclusion from school next August/September.

Assuring the safe health of students is achieved through a collaborative effort of all involved.

Please return the completed form by June 1st to your School Nurse. For further assistance or required form contact your school nurse at _____ or the Visiting Nurse Association of Southeastern Connecticut at 444-1111 ext. 307.

Thank you for your anticipated cooperation.

Sincerely,

Principal

School Nurse

**WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut**

Date _____

Dear Parent or Guardian,

Effective immediately your child, _____, is excluded from school.

This action is being taken because our records indicate there has been no compliance with Waterford Board of Education Policy #5141.3 requiring the following:

- Proof of health assessments (physical exam)
- Proof of immunity to chicken pox
- Proof of second immunization against measles
- Proof of at least one dose of Hepatitis B vaccine

Students who are not in compliance with a health assessment only may pursue a temporary registration. This can be obtained after meeting with the Principal, and presenting a verifiable appointment in the next six weeks.

Sincerely,

Principal

School Nurse

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

HEALTH SERVICES
Temporary Registration

Date _____

Immunization for School Age Population:

Student _____
Parent Name _____
Address _____
Town, Zip _____
Telephone _____
Grade _____

The above named student is temporarily registered at _____ School or a period of six (6) weeks beginning on _____ and ending on _____.

The student will automatically be removed from school as of _____ unless a completed physical examination signed by a licensed physician is presented to the school nurse's office.

This is mandated by Connecticut General Statutes 10-206, which states each child is required to have a health assessment prior to public school enrollment.

Signature of Parent/Guardian

Signature of Principal/Administrator

Date

**WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut**

Date _____

Dear Parent or Guardian,

Effective immediately your child, _____, is excluded from school.

The temporary registration that was granted to you has lapsed without compliance for your child's health assessment.

Sincerely,

Principal

**WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut**

Date _____

Dear Parent or Guardian of PREPP students,

In compliance with State of Connecticut school health law (C.G.S. 10-206) a health assessment is required for entrance into the PREPP Program.

Completion of health assessments are valid if completed within twelve months prior to start date. A Tuberculin Risk Assessment test and a hematocrit (finger stick) should be included.

Waterford Public Schools also requires a health assessment prior to enrollment to Kindergarten.

If there is any problem obtaining health assessments for any reason, please contact Parent Resource Teacher, _____ at 437-6969 or Waterford High School Nurse, _____ at 437-6956.

Please plan your child's appointment early to avoid delays in scheduling, cancellation, illness etc.

Sincerely,

Supervisor of Special Services

Parent Resource, PREPP Program

Waterford High School Nurse

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

IMMUNIZATION EXEMPTIONS AND EXCLUSIONS FROM SCHOOL
MEDICAL EXEMPTION

Students who are not immunized may be excluded from school if a case of vaccine-preventable disease occurs in the school and public health officials determine that the school is likely to be a focus of vaccine-preventable disease exposure and spread in the community. Students excluded from school for this reason will not be able to return to school until (1) the danger of the outbreak has passed; (2) the student become ill with the disease and completely recovers, or (3) the student is immunized and one complete incubation period for measles is 18 days and for rubella it is 23 days from the onset of symptoms of the last case in the community. Outbreaks may last for several months.

According to Connecticut law, no child may be admitted to school without proof of immunization or a statement of exemption. Parents or guardians seeking an exemption on the basis that a given immunization is medically contraindicated should attach to this form a statement from the physician stating that in the physician's opinion, such immunization is medically contraindicated and why it is contraindicated (e.g., hypersensitivity to a vaccine component, demonstrated reaction to vaccine) and return it to the school nurse. The parents or guardians should complete the following statement and return it to the school nurse with the physician's statement.

.....

To Whom It May Concern:

As the parent(s)/guardian(s) of _____ (name of student)

I/we agree that immunization of this student is medically contraindicated. Therefore, this child is exempt from receiving the required immunization as specified by the physician, and shall be permitted to attend school except in the case of a vaccine-preventable disease outbreak in the school.

Signature of Parent(s)/Guardian(s)

Date

Telephone

Address: _____

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

IMMUNIZATION EXEMPTIONS AND EXCLUSIONS FROM SCHOOL
RELIGIOUS EXEMPTION

Students who are not immunized may be excluded from school if a case of vaccine-preventable disease occurs in the school and public health officials determine that the school is likely to be a focus of vaccine-preventable disease exposure and spread in the community. Students excluded from school for this reason will not be able to return to school until (1) the danger of the outbreak has passed; (2) the student become ill with the disease and completely recovers, or (3) the student is immunized and one complete incubation period for measles is 18 days and for rubella it is 23 days from the onset of symptoms of the last case in the community. Outbreaks may last for several months.

According to Connecticut law, no child may be admitted to school without proof of immunization or a statement of exemption. Parents or guardians seeking an exemption on the basis that immunizations would be contrary to the religious beliefs of the child should complete the following statement and return it to the school nurse.

.....

To Whom It May Concern:

As the parent(s)/guardian(s) of _____ (name of student)

I/we agree that immunization of this student would be contrary to the religious beliefs of this child. Therefore, this child is exempt from receiving the required immunization under Section 10-204a of the Connecticut General Statutes and shall be permitted to attend school except in the case of a vaccine-preventable disease outbreak in the school.

Signature of Parent(s)/Guardian(s)

Date

Telephone

Address: _____

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Dear Parent/Guardian,

We currently have a case of chicken pox among your child's classmates, and we believe you should be aware of symptoms of this disease.

Chicken pox is a common childhood disease that begins suddenly with a slight fever, feeling of illness, and skin eruptions commencing as small, red raised areas which after a few hours fill with fluid and resemble blisters. The fluid becomes cloudy, and after one to three days the blisters dry into scabs. The blisters, which vary in size, appear in crops so that some may be in a watery stage when others have dried up. The rash of chicken pox occurs mostly on covered areas of the body rather than lower arms and legs. It can be found on the scalp but seldom on the palms of hands or soles of feet. No specific treatment exists. To prevent infections and scarring from scratching, fingernails should be kept short and hands clean. Itching may be reduced with warm baths, cleanliness, and lotions.

A child may return to school seven (7) days after the eruption of the first blisters.

If you have any questions, please call the school nurse.

Sincerely,

Principal