

5141.3 REG

Series 5000 - Students

1. Elementary and Secondary

D. Welfare

1. School Medical Advisor

(f) Administrative Regulations Regarding Health Assessments/Screenings

In accordance with Connecticut General Statutes 10-206, as amended, 10-204a, and 10-214, the following health assessment procedures are established for students in the district:

- 1) Proof of immunization shall be required prior to school entry. A “school-aged child” also includes any student enrolled in an adult education program that leads to a high school diploma. This immunization verification is mandatory for all new school enterers and must include complete documentation of those immunizations requiring a full series. A required immunization record includes:
 - a) **For initial entry into school for kindergarten, regular and special education pre-school programs, grades 1-6:**
 - 4 doses of DTP/DTaP vaccine (Diphtheria - Pertussis - Tetanus). At least one dose is required to be administered on or after the 4th birthday for children enrolled in school at kindergarten or above. Students who start the series at age 7 or older need a total of 3 doses.
 - 3 doses of either trivalent oral polio vaccine (TOPV) or inactivated polio vaccine (IPV) with at least one dose of polio vaccine administered on or after the 4th birthday and before school entry. (This then usually results in 4 doses in total.)
 - 2 doses of MMR vaccine (measles, mumps and rubella). One dose at one (1) year of age or after and a second dose, given at least twenty-eight (28) days after the first dose, prior to school entry in kindergarten through grade twelve (12) OR disease protection, confirmed in writing, by a physician, physician assistant or advanced practical registered nurse that the child has had a confirmed case of such disease based on specific blood testing conducted by a certified laboratory. One dose on or after the child’s first birthday for enrollment in preschool.
 - 3 doses of Hepatitis B vaccine (HBV) or has had protection confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.

- 1 dose of Hib (Hemophilus Influenza type b) given on or after the first birthday, is required of all school children who enter school **prior to their fifth birthday** or had a laboratory confirmed infection at age 24 months or older, confirmed in writing by a physician, physician assistant or advanced practice registered nurse. Children five and older do not need proof of Hib vaccination.

a) For initial entry into school for kindergarten, regular and special education pre-school programs, grades 1-6: (continued)

- Varicella (Chickenpox) Immunity –
 - (i) 1 dose on or after the 1st birthday or must show proof of immunity to varicella (chickenpox) for entry into licensed pre-school programs and kindergarten; or on or after August 1, 2011 for entry into kindergarten two (2) doses shall be required, given at least three (3) months apart, the first dose on or after the 1st birthday.
 - (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.

Note: The National Advisory Committees on Immunization Practices (ACIP) changed the recommendation for routine vaccination against chicken pox (Varicella) from a single dose for all children beginning at 12 months of age to two doses, with the second dose given just prior to school entry. The ACIP also recommends that all school-aged children, up to 18 years of age, who have only had a single dose of Varicella vaccine to be vaccinated with a second dose.

- * Serologic evidence of past infection, confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory, or
- * Statement signed and dated by a physician, physician assistant or advanced practice registered nurse indicating a child has already had varicella (chickenpox) based on diagnosis of varicella or verification of history of varicella. (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.

Note: The Connecticut Department of Public Health has indicated that a school-aged child, 13 years of age or older, will only be considered fully immunized if he/she has had two doses of the Varicella vaccine, given at least 4 weeks apart.

a) For initial entry into school for kindergarten, regular and special education pre-school programs, grades 1-6: (continued)

- Hepatitis A – Requirement for PK and K for children born on or after January 1, 2007, is enrolled in preschool or kindergarten on or after August 1, 2011.
 - (i) Two (2) doses of hepatitis A vaccine given at least six (6) months apart, the first dose given on or after the child's first birthday; or
 - (ii) Has had protection against hepatitis A confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.
- Influenza Requirement for PK.
 - (i) Effective January 1, 2012 and each January 1 thereafter, children aged 24-59 months enrolled in preschool are required to receive at least one (1) dose of influenza vaccine between August 1 and December 31 of the preceding year (effective August 1, 2011).
 - (ii) Children aged 24-59 months who have not received vaccination against influenza previously must be given a second dose at least twenty-eight (28) days after the first dose.
- Pneumococcal Disease Requirement for PK and K
 - (i) Effective August 1, 2011 all students born on or after January 1, 2007, enrolled in PK and K who are less than five (5) years of age must show proof of having received one (1) dose of pneumococcal conjugate vaccine on or after the student's first birthday.
 - (ii) An individual shall be considered adequately protected if currently aged five (5) years or older.

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

All students in grades K-12 are required to show proof of 2 doses of measles, mumps, rubella vaccine at least 28 days apart with the first dose administered on or after the first (1st) birthday, or laboratory confirmation of immunity confirmed in writing by a physician, physician assistant or advanced practice registered nurse.

- 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 containing vaccine, a second dose shall be given. If an individual has received no measles containing vaccines, the second dose shall be given at least 4 weeks 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) On or after August 1, 2011, two doses, given at least three (3) months apart, the first dose on or after the individual's first (1st) birthday and before the individual's thirteenth (13th) birthday or two doses given at least twenty-eight (28) days apart if the first dose was given on or after the individual's thirteenth (13th) birthday, 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 varicella (chickenpox) based on family and/or medical history. (Date of chickenpox illness not required)
- Proof of at least three doses of Hepatitis B vaccine or show proof of serologic evidence of infection with Hepatitis B.
- Proof of Diphtheria-Pertussis-Tetanus Vaccination (Adolescent Tdap Vaccine Requirement for Grade 7 Students)
 - (i) On or after August 1, 2011, an individual eleven (11) years of age or older, enrolled in the seventh (7th) grade, shall show proof of one (1) dose of diphtheria, tetanus and pertussis containing vaccine, (Tdap booster) in addition to completion of the recommended primary diphtheria, tetanus and pertussis containing vaccination series unless:
- Proof of Diphtheria-Pertussis-Tetanus Vaccination (Adolescent Tdap Vaccine Requirement for Grade 7 Students) (continued)
 - (ii) Such individual has a medical exemption for this dose confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on having last received diphtheria, tetanus and pertussis containing vaccine less than five (5) years earlier and no increased risk of pertussis according to the most recent standards of care for immunization in Connecticut (C.G.S. 19a-7f)
- Meningococcal Vaccine (MCV4) Required for Grade 7 Students
 - (i) Effective August 1, 2011, one dose of meningococcal vaccine

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 in accordance with the current recommendation of the National Centers for Disease Control and Prevention Advisor Committee on Immunization Practices because of the physical condition of the child;
 - (iv) presents a written statement officially acknowledged by a notary public or a judge, family support magistrate, clerk/deputy clerk of a court having a seal, a town clerk, a justice of the peace, a Connecticut-licensed attorney or a school nurse from the parents or guardian of the child that such immunization would be contrary to religious beliefs of the child or his/her parents or guardians;
 - (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.

- 2) A physical examination including blood pressure, height, weight, hematocrit or hemoglobin, and a chronic disease assessment which shall include, but not be limited to, asthma and which must include public health related screening questions for parents to answer and other screening questions for providers and screenings for hearing, vision, speech, and gross dental shall be required for all new school enterers, and students in grade 6 or grade 7 and grade 9 or 10. This health assessment must be completed either prior to school entry or 30 calendar days after the beginning of school for new school enterers. This assessment must be conducted within the school year for students in grade 6 or grade 9 or 10. Parents of students in grade 6 or grade 9 or 10 shall be notified, in writing, of the requirement of a health assessment and shall be offered an opportunity to be present at the time of assessment.

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 Superintendent or his/her designee, 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, Eastern Europe, Central and South America, Dominican Republic and Haiti, see list of countries in Appendix B) and do not have a record of a TST (tuberculin skin test) or IGRA (interferon-gamma release assay) performed in the United States.
2. travel to a high risk country staying at least one week with substantial contact with the indigenous population since the previously required examination;
3. extensive contact with persons who have recently come to the United States from high risk countries since the previously required examination;
4. contact with persons suspected to have tuberculosis; or
5. lives with anyone who has been in a homeless shelter, jail or prison, uses illegal drugs or has HIV infection.

The results of the risk assessment and testing, when done, should be recorded on the State of Connecticut Health Assessment Record (HAR-3) or directly in the student's Cumulative Health Record (CHR-1).

Health assessments completed within two calendar years of new school entry or grades 6 or grade 9 or 10 will be accepted by the school system. Failure of students to satisfy the above mentioned health assessment timeliness and/or requirements shall result in exclusion from school.

(*Note: As an alternative health assessment could be held in grade 7.)

The District shall annually report to the Department of Public Health and to the local health director the asthma data pertaining to the total number of students per school and in the district obtained through school assessments, including student demographics. Such required asthma diagnosis shall occur at the time of mandated health assessment at the time of enrollment, in either grade 6 or 7, and in either grade 9 or 10. Such asthma diagnosis shall be reported whether or not it is recorded on the health assessment form, at the aforementioned intervals.

- 3) Parents or guardians of students being excluded from school due to failure to meet health assessment requirements shall be given a thirty calendar day notice in writing, prior to any effective date of school exclusion. Failure to complete required health assessment components within this thirty day grace period shall result in school exclusion. This exclusion shall be verified, in writing, by the Superintendent of Schools or his/her

designee. Parents of excluded students may request administrative hearing of a health assessment-related exclusion within five days of final exclusion notice. An administrative hearing shall be conducted and a decision rendered within fifteen calendar days after receipt of request. A subcommittee of the Board of Education shall conduct an administrative hearing and will consider written and/or oral testimony offered by parents and/or school officials.

- 4) Health screenings shall be required for all students according to the following schedule:

Vision Screening	Grades K, 1, 3, 4, & 5
Audiometric Screening	Grades K, 1, 3, 4, & 5
Postural Screening	Female students: Grades 5 & 7 Male students: Grades 8 or 9

The school system shall provide these screening to students at no cost to parents. Parents shall be provided an annual written notification of screenings to be conducted. Parents wishing to have these screenings to be conducted by their private physician shall be required to report screening results to the school nurse. The District shall provide a brief statement to parents/guardians of students not receiving the required vision, hearing or postural screening explaining why the student did not receive such screening(s).

(Health assessments may be conducted by a licensed physician, advanced practice registered nurse, registered nurse, physician assistant or by the School Medical Advisor.)

- 5) Parents of students failing to meet standards of screening or deemed in need of further testing shall be notified by the Superintendent of Schools.

Students eligible for free health assessments shall have them provided by the health services staff. Parents of these students choosing to have a health assessment conducted by medical personnel outside of the school system shall do so at no cost to the school system.

- 6) Health records shall be maintained in accordance with Policy #5125.

- 7) All candidates for all athletic teams shall be examined annually by the designated school physician at a time and place determined by the Director of Athletics and/or coach.

No candidate will be permitted to engage in either a practice or a contest unless this requirement has been met, and he or she has been declared medically fit for athletics.

An athlete need not be re-examined upon entering another sport unless the coach requests it.

If a student is injured, either in practice, a contest, or from an incident outside of school activities at requires him or her to forego either a practice session of contest, that student will not be permitted to return to athletic activity until the school physician examines the student and pronounces him/her medically fit for athletics.

Legal Reference: Connecticut General Statutes
10-204a Required immunizations
10-204c Immunity from liability
10-205 Appointment of school medical adviser
10-206 Health assessments (as amended by June Special Session PA 01-4, PA 01-9, PA 05-272 and PA 07-58)
10-207 Duties of medical advisers
10-206a Free health assessments (as amended by June Special Session PA 01-1)
10-208 Exemption from examination or treatment
10-208a Physical activity of student restricted; board to honor notice
10-209 Records not to be public. Provision of reports to schools.
10-212 School nurses and nurse practitioners
10-214 Vision, audiometric and postural screenings. When required. Notification of parents re defects; record of results, as amended by PA 96-229, An Act Concerning Scoliosis Screening and PA 15-215, An Act Concerning Various Revisions and Additions to the Education Statutes.
Department of Public Health, Public Health Code, 10-204a-2a,10-204a-3a and 10-204a-4
20 U.S.C. Section 1232h, No Child Left Behind Act

Regulation adopted: November 18, 2008
Regulation revised: July 19, 2011, October 20, 2015

SUFFIELD PUBLIC SCHOOLS
Suffield, Connecticut

Suffield Public Schools
Department of Pupil Services
350 Mountain Road
Suffield, CT 06078

MEDICAL REFERRAL FOR POSTURAL EXAMINATION

Student's Name	DOB	Sex	Grade
----------------	-----	-----	-------

To the Parents/Guardians of the above listed student:

From: _____
School Nurse School Name

Address: _____

Telephone: _____

Fax: _____

Recently, your child participated in a postural screening to detect possible spinal problems in children. Your child was screened, and further evaluation is recommended. The following physical signs were observed:

	Left	Right
<input type="checkbox"/> Uneven Shoulders	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Uneven Shoulder Blades	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Uneven Waistline	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Uneven Hips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rib or Flank Fullness on Bending	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

I would like to emphasize that the examiner's recommendation is based on the above physical findings, which may be consistent with a curvature of the spine. A complete examination by your doctor is suggested to establish whether a spinal problem actually exists. If so, the doctor may wish to refer your child to an orthopedist for treatment. If you do not have a physician, please call me at the number below. I will assist you in making arrangements for proper follow-up.

The enclosed form should be given to the physician at the time of the evaluation with the request that it be completed and returned to me as soon as possible.

Sincerely,

School Nurse

Telephone No.

Suffield Public Schools
Department of Pupil Services
350 Mountain Road
Suffield, CT 06078

MEDICAL REFERRAL FOR VISION EXAMINATION

Student's Name	DOB	Sex	Grade
----------------	-----	-----	-------

To the Parents/Guardians of the above listed student:

From: _____
School Nurse School Name

Address: _____

Telephone: _____

Fax: _____

Recently we have administered vision screening tests to students in our school. Based on these test results, it would be desirable for your child to have a thorough vision examination. Therefore, it is suggested that you take her or him to an eye specialist (ophthalmologist, optometrist) for further examination or that you follow the recommendations of your family physician.

Distance Visual Acuity:

Date of Test	Right	Left
--------------	-------	------

Glasses worn for test:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------	------------------------------	-----------------------------

Glasses worn for test:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------	------------------------------	-----------------------------

Other Symptoms:

(Over)

Physician's Medical Report/Vision Examination

Student's Name _____ DOB _____ Sex _____ Grade _____

	<u>Distance Vision</u>		<u>Near Vision</u>	
	Without Correction	With Correction	Without Correction	With Correction

A. Right Eye _____
Left Eye _____

B. Type of Eye Problem: _____

C. Glasses needed: No Yes
To be worn: Constantly Classroom Distance Close Work

D. Re-examination advised in: _____

E. Eye Muscle Coordination: Adequate
Remarks: _____

F. Ability to change focus quickly and easily: (Example: chalkboard to book)
Adequate Remarks: _____

G. Ability to maintain focus at reading distance: Adequate
Remarks: _____

H. Color Vision: Normal
Remarks: _____

I. Physical Activity: Restricted
Remarks: _____

Other Comments: _____

Signature of Examiner: _____

Date of Examination: _____

Please forward this report to school nurse, address on other side.