

Students

Health Assessments and Immunizations

In accordance with Connecticut General Statutes 10-206, 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:**

- 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 entering school at 48 to 71 months of age.

(Pertussis immunization shall not be required after a student's sixth birthday),

- 3 doses of Polio Vaccine 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 1 year of age or after and a second dose prior to school entry 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.
- 3 doses of Hepatitis B vaccine (HBV) or confirmed blood test (for any individual born January 1, 1994 or later)
- 1 dose of Hib (Hemophilus Influenza type b) 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.

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Health Assessments and Immunizations (continued)

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

- 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.

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

Students

Health Assessments and Immunizations (continued)

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

- (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)

- 2) A physical examination including blood pressure, height, weight, hematocrit or hemoglobin, and beginning with the 2003-2004 school year, 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, gross dental and posture shall be required for all new school enterers, and students in grade 6* and grade 10*. This health assessment must be completed prior to school entry. This assessment must be conducted within the school year for students in grade 6* or 10*. Parents of students in grade 6* 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 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.

Health assessments completed within one (1) calendar year of new school entry or grades 6* 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.

Beginning in February 2004 schools shall report to the Department of Public Health and to the local health director the asthma data obtained through school assessments, including student demographics.

Students

Health Assessments and Immunizations (continued)

- 3) Parents or guardians of current 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-6, 9
Audiometric Screening	Grades K-3, 5, 8
Postural Screening	Grades 5, 6, 7, 8, 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.

(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.
- 6) Health records shall be maintained in accordance with Policy #5125.
- 7) All candidates for all athletic teams shall submit evidence of a current (within one year) physical examination recorded on a form provided by the school.

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 or 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.

Students

Health Assessments and Immunizations (continued)

Legal Reference: Connecticut General Statutes
10-204 Vaccination
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 and PA 01-9)
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 School nurses
10-212 School nurses
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.
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 approved: December 10, 2007
Regulation revised: September 8, 2008

THOMASTON PUBLIC SCHOOLS
Thomaston, Connecticut

Students

Health Examinations for Interscholastic Athletic Participation

It is the intent of the Thomaston Board of Education that each student participating in interscholastic sports has his/her physical examination record on file in a timely manner. To this end, all school athletes are required to have an annual physical examination done. This examination is to be done by a legally qualified practitioner of medicine, an advanced practice registered nurse (APRN) licensed pursuant to chapter 378 or physicians assistant (PA) licensed pursuant to chapter 370, records on the approved physical form, and will include: family health history, height, weight, blood pressure, hemoglobin, urinalysis, musculoskeletal assessment, cardiovascular assessment, and other assessments as deemed necessary by the examining physician.

Emergency medical forms must also be filled out by the parent/guardian and handed into the coach before student is eligible to play.

Legal Reference: Connecticut General Statutes

10-204a Required immunizations

10-205(d) Appointment of school medical advisor

10-206(b) Health assessments

10-206a Free health assessments

10-208 Exemption from examination or treatment

10-214 Vision, audiometric and postural screening: When required; notification of parents re defects; record of results

10-241b Compliance report by local or regional board of education

Policy adopted: December 10, 2007

THOMASTON PUBLIC SCHOOLS
Thomaston, Connecticut

**STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION
Health Assessment Record**

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunization and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, a physician assistant or the school medical advisor prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 10th or 11th grade. Specific grade level will be determined by the local board of education.

Please Print

Name of Student (Last, First, Middle)	Social Security No.	Birth Date	Sex
Address (Street)		Home Telephone Number	
Town and Zip Code		School	Grade
Parent/Guardian (Last, First, Middle)			
Medicaid Number*		Health Insurance Company Number*	

* If applicable

PART I – To be Completed by Parent

**Important: Complete Part I before your child is examined.
Take this form with you to the health care provider's office.**

(Please check answers to the following questions in columns on the left.

(Explain all "yes" answers in the space provided below.)

1. Yes No Do you have any concerns about your child's general health (eating and sleeping habits, weight, teeth, etc.)?
2. Yes No Does your child have any other specific illness or problem?
3. Yes No Does your child have any allergies (food, insects, medication, etc.)?
4. Yes No Does your child have take any medication (daily or occasionally)?
5. Yes No Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Has your child had any hospitalization, operation, or major illness (specify problem)?
7. Yes No Has your child had any significant injury or accident (specify problem)?
8. Yes No Would you like to discuss anything about your child's health with the school nurse?

(Please explain any "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.)

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian _____ Date _____

PART II – Medical Evaluation To the Health Care Provider: Please Complete and Sign

_____ has had a complete history and physical exam on _____
 Student's Name Birth Date Month/Day/Year

Findings for this student are as follows:

Screening/Test Results				
Note: *Mandated Screening/Tests/Immunizations under Connecticut State Law.				
*Height	*Vision		*Auditory	
*Weight	With glasses	R 20/	L 20/	R Pass/Fail
*B/P	Without glasses	R 20/	L 20/	L
Pulse:				
*HCT/HGB				
Urinalysis:	Type of Screening:	Type of Screening:		

Immunization Record						
Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.						
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP	*	*	*	*		
DTP/Hi						
b						
DtaP						
DT/Td						
OPV	*	*	*			
IPV						
MMR						
Measles	*				Booster for entry into 7 th grade	
Mumps	*					
Rubella	*					
HIB	*				For students younger than age 5	
HBV	*	*	*		For students born 1-9-94 or later	
Varicella						
Other Vaccines (Specify)						
Disease Hx	_____					
of above	(Specify)	(Date)	(Confirmed by)			
Exemption						
Religious	Medical	Permanent	Temporary	Date		
Recertify Date	Recertify Date	Recertify Date				

*Gross dental (teeth and gums)
 *Postural: Normal Abnormal Min. _____
 Slight _____
 Referral Mod. _____
 Marked _____

Other Test Results (TB, Sickle Cell, etc.)		
Test	Date	Results

This student has the following problems which may adversely affect his or her educational experience:

- Vision Auditory Speech/Language Physical Dysfunction Emotional/Social Behavior

- The student has a health condition which may require emergency action at school e.g., seizures, allergies. *Specify below.*
 The student in on long-term medication. *Specify below.*

Comments and recommendations (attach additional sheet if necessary): _____

- This student may participate fully in the school program, including physical education activities.
 This student may participate in the school program and physical education with the following restriction/adaptation. (*specify this reason and restriction*)
 Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.
 I would like to discuss information in this report with the school nurse.

Signature of health care provider	Name (Please type or print.)	Phone Number
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5141.31
Form #2

5141.31
Form #3

* These are state forms which were copied.

Students

Health Records

Definition of Health Record

Health records shall be maintained on the State of Connecticut form, Health Assessment Record (HAR). School nurses are responsible for initiating and maintaining these records. Included in the health record can be: screening results, State of Connecticut Health Assessment Record, immunizations, nursing care plan, communications from parents/guardians, physician's orders, medication records, confidential information with release form, incident reports, health impairment.

Access to School Health Records

School Health Records will be accessible to all professionals working with the child and to the school health aides. The school nurse or school administrator will give permission to the professional with a "need to know." Access sheet must be signed by any staff member other than the school nurse (and at the school nurse's discretion) who views the cumulative health record.

Access Rights

The Board of Education shall permit parents to inspect and review all collected health information related to their children within ten (10) days from the date of the request for such review.

The right to inspect and review health records includes:

1. The right to a response from the Board for reasonable requests for explanations and interpretations of the records.
2. The right to request that the Board provide copies of the records containing the information.

The Board may presume that the parents have the authority to inspect and review records relating to their child unless the Board has been advised that the parents do not have the authority under applicable State law governing such matters as guardianship, separation and divorce.

Transfer of Health Records

Original copies of school health records are sent when a student transfers within the State. However, when a student moves out of State a copy of the school health records is sent and the original is retained.

Students

Health Records (continued)

Review and Destruction of Health Records

All health records of enrolled students shall be reviewed annually by the school nurse for accuracy, completeness and validity.

Information regarding the student's health status shall be shared by the nurse with teachers and other professionals who in the nurse's judgment have a need to know. See form 5141.1(e).

Health records shall be maintained for at least six (6) years after the student graduates.

It is the nurse's responsibility to see that all confidential information is removed from the child's health folder before the record is stored.

Associated Forms: Health Assessment Record (Pre-K-12) (form 5131.31 #1)
 Notification of Student with Health Impairment (form 5131.33 Form #1)