

## **Students**

### **Health Assessments and Immunizations**

The Board of Education recognizes the importance of periodic health assessments, including oral health assessments, according to state health regulations.

To determine health status of students, facilitate the removal of disabilities to learning and find whether some special adaptation of the school program may be necessary, the Board of Education requires that students have health assessments.

The Board of Education adheres to those state laws and regulations that pertain to school immunizations and health assessments, including oral health assessments. It is the policy of the Board of Education to insure that all enrolled students are adequately immunized against communicable diseases. The Board may deny continued attendance in school to any student who fails to obtain the health assessments required under C.G.S. 10-206, as may be periodically amended.

The Superintendent shall designate the school nurse to receive reports of health assessments and immunizations from health care providers.)

Parents wishing their children exempted or excused from health assessments must request such exemption to the Superintendent of Schools in writing. This request must be signed by the parent/guardian.

Parents/guardians wanting their children excused from immunizations on religious grounds (prior to kindergarten entry and grade 7 entry) must request such exemption in writing to the Superintendent of Schools if such immunization is contrary to the religious beliefs of the child or of the parent/guardian of the child. The request must be officially acknowledged by a notary public or a judge, a clerk or deputy clerk of a court having a seal, a town clerk, a justice of the peace, a Connecticut-licensed attorney.

It is the responsibility of the Principal to insure that each student enrolled has been adequately immunized and has fulfilled the required health assessments. The school nurse shall check and document immunizations and health assessments on all students enrolling in school and to report the status to the school principal. The school nurse shall also contact parents or guardians to make them aware if immunizations and/or health assessments are insufficient or not up-to-date. The school nurse will maintain in good order the immunization and health assessment records of each student enrolled.

## **Students**

### **Health Assessments and Immunizations (continued)**

#### **Health Assessment for Interscholastic Sports**

Health assessment is required for interscholastic participation in sports at the middle and high school level.

The health assessment for sports must be completed prior to the first training session of the sports season. Health assessments are valid for 13 months. Registration through the Family ID program must be completed by the parent of guardian prior to participation in each sport.

Students who are not in compliance with a valid health assessment, Family ID registration including permission from their parent/guardian will not be allowed to participate.

Note: P.A 18-168 requires boards of education to request that students have an oral health assessment prior to public school enrollment, in grade 6 or 7, and in grade 9 or 10. The legislation establishes related requirements on providers authorized to perform the assessments, parental consent assessment forms, and records access. The specifics are detailed in the administrative regulation pertaining to this policy.

(cf. 5111 - Admission)  
(cf. 5141.31 - Physical Examinations for School Programs)  
(cf. 5125 - Student Records)  
(cf. 5125.11 - Health/Medical Records – HIPAA)  
(cf. 5141 - Student Health Services)

Legal Reference: Connecticut General Statutes

- 10-204a Required immunizations (as amended by P.A. 15-174 and P.A. 15-242)
- 10-204c Immunity from liability
- 10-205 Appointment of school medical adviser
- 10-206 Health assessments (as amended by P.A.17-146 and PA 18-168)
- 10-206a Free health assessments
- 10-207 Duties of medical advisors
- 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 17-146)

## **Students**

### **Health Assessments and Immunizations**

#### Legal Reference (continued)

Department of Public Health, Public Health Code, 10-204a-2a, 10-204a-3a, 10-204a-4

Section 4 of P.A. 14-231

Federal Family Educational Rights and Privacy Act of 1974 (section 438 of the General Education Provisions Act, as amended, added by section 513 of P.L. 93-568, codified at 20 U.S.C. 1232g)

42 U.S.C. 1320d-1320d-8, P.L. 104-191, Health Insurance Portability and Accountability Act of 1996 (HIPAA)

P.A. 17-146 “An Act Concerning the Department of Public Health’s Various Revisions to the Public Health Statutes,” Section 5, effective 10/1/17

PA 18-168 An Act Concerning the Department of Public Health’s Recommendations Regarding Various Revisions to the Public Health Statutes, Sections 7-9, 539 & 540

## Students

### Health Assessments and Immunizations

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. Documentation of immunizations must include all immunizations as outlined on the **“Immunization Requirements for Enrolled Students in Connecticut Schools.”**

Click here for list:

[CT School Immunization Requirements](#)

- 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 from the parents or guardian of the child that such immunization would be contrary to religious beliefs of the child or his/her parents/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.

## **Students**

### **Health Assessments and Immunizations (continued)**

- 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, gross dental and posture shall be required for all new school enterers, and students in grade 6 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 and grade 9. Parents of students in grade 6 and grade 9 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 (per WHO list of TB high burden countries) 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.

Health assessments completed within one calendar year of new school entry or grades 6 or grade 9 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.

- 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.

**R5141.3(c)**

## Students

### Health Assessments and Immunizations (continued)

- 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	Grades 5 and 7 for female students Grades 8 or 9 for male students

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. A written notice shall be given to the parent/guardian of each student who is found to have any defect of vision or disease of the eyes, with a brief statement describing such defect or disease and a recommendation for the student to be examined by a licensed optometrist or licensed ophthalmologist. A written statement shall also be provided to the parent/guardian of any student who did not receive the vision screening with a brief statement explaining the reason.

Students eligible for free health assessments shall have them provided by the health services staff. School District may refer student to local health resources to provide free assessments.

- 6) Health records shall be maintained in accordance with Policy #5125.
- 7) All candidates for all athletic teams shall be examined annually by a legally qualified practitioner of medicine.

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 that requires him or her to forego either a practice session or contest, that student will not be permitted to return to athletic activity until a legally qualified practitioner of medicine examines the student and pronounces him/her medically fit for athletics.

## **Students**

### **Health Assessments and Immunizations (continued)**

#### **Oral Health Assessments**

Parents are encouraged to have oral health assessments for their child(ren) prior to public school enrollment, in grade 6 and in grade 9. Such assessment may be conducted by a dentist, dental hygienist, physician, physician assistant (PA), or an advanced practice registered nurse (APRN), if he or she is trained in conducting such assessments as part of a DPH-approved training program. When conducted by a dentist the oral assessment must include a dental examination. If another such provider conducts the assessment, it must include a visual screening and risk assessment.

Parent/guardian consent is required prior to the oral health assessment. The assessment is to be made in the presence of the parent/guardian or another school employee. The parent/guardian must receive prior written notice and have a reasonable opportunity to opt his/her child out of the assessment, be present at the assessment, or provide for the assessment himself or herself.

A child's public school enrollment continued attendance shall not be denied for his/her failure to receive the oral health assessment.

The District may host a free oral health assessment event at which a qualified provider performs such oral health assessments. Parents/guardians will be given prior notice of such a free screening event providing the parents/guardians the opportunity to opt their children out of the assessment event. If the parent/guardian does not do so, the child must receive an assessment free of charge. The child is prohibited by the legislation from receiving any dental treatment as part of the assessment event without the parent's/guardian's informed consent.

The results of an oral health assessment shall be recorded on forms supplied by the State Board of Education. The provider performing the assessment must completely fill out and sign the form. Recommendations by the provider shall be in writing. For any child who receives an oral health assessment, the results must be included in the child's cumulative health record.

Appropriate school health personnel shall review the assessment results. If it is determined that a child needs further testing or treatment, the Superintendent shall give written notice to the child's parent/guardian and make reasonable efforts to ensure that further testing or treatment is provided. Such efforts include determining whether the parent/guardian obtained the necessary testing or treatment for the child and, if not, advising the parent or guardian on how to do so. The results of the further testing or treatment must be recorded on the assessment forms and reviewed by school health personnel.

As with other school health assessments no records of oral health assessments may be open to public inspection; and each provider who conducts an assessment for a child seeking to enroll in

a public school must provide the assessment results to the school district's designated representative and a representative of the child.



## **Students**

### **Health Assessments and Immunizations**

Legal Reference: Connecticut General Statutes

- 10-204a Required immunizations (as amended by P.A. 15-174 and P.A. 15-242)
- 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, PA 07-58 and PA 18-168)
- 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 17-173

Department of Public Health, Public Health Code, 10-204a-2a, 10-204a-3a and 10-204a-4

Regulation approved: July 9, 2019

NEWTOWN PUBLIC SCHOOLS  
Newtown, Connecticut

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



### IMMUNIZATION REQUIREMENTS FOR ENROLLED STUDENTS IN CONNECTICUT SCHOOLS 2024-2025 SCHOOL YEAR



#### PRESCHOOL

Hepatitis B:	3 doses, last one on or after 24 weeks of age
DTaP:	4 doses (by 18 months for programs with children 18 months of age)
Polio:	3 doses (by 18 months for programs with children 18 months of age)
MMR:	1 dose on or after 1 <sup>st</sup> birthday
Varicella:	1 dose on or after 1 <sup>st</sup> birthday or verification of disease
Hepatitis A:	2 doses given six calendar months apart, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Hib:	1 dose on or after 1 <sup>st</sup> birthday
Pneumococcal:	1 dose on or after 1 <sup>st</sup> birthday
Influenza:	1 dose administered each year between August 1 <sup>st</sup> -December 31 <sup>st</sup> (2 doses separated by at least 28 days required for those receiving flu for the first time)

#### KINDERGARTEN

Hepatitis B:	3 doses, last dose on or after 24 weeks of age
DTaP:	At least 4 doses. The last dose must be given on or after 4 <sup>th</sup> birthday
Polio:	At least 3 doses. The last dose must be given on or after 4 <sup>th</sup> birthday
MMR:	2 doses separated by at least 28 days, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Varicella:	2 doses separated by at least 3 months-1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Hepatitis A:	2 doses given six calendar months apart, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Hib:	1 dose on or after 1 <sup>st</sup> birthday for children less than 5 years old
Pneumococcal:	1 dose on or after 1 <sup>st</sup> birthday for children less than 5 years old

#### GRADES 1-6

Hepatitis B:	3 doses, last dose on or after 24 weeks of age
DTaP/Td:	At least 4 doses. The last dose must be given on or after 4 <sup>th</sup> birthday. Students who start the series at age 7 or older only need a total of 3 doses.
Polio:	At least 3 doses. The last dose must be given on or after 4 <sup>th</sup> birthday
MMR:	2 doses separated by at least 28 days, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Varicella:	2 doses separated by at least 3 months-1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Hepatitis A:	2 doses given six calendar months apart, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday

#### GRADE 7-12

Hepatitis B:	3 doses, last dose on or after 24 weeks of age
Tdap/Td:	1 dose for students who have completed their primary DTaP series. Students who start the series at age 7 or older only need 3 doses of tetanus-diphtheria containing vaccine, one of which must be Tdap
Polio:	At least 3 doses. The last dose must be given on or after 4 <sup>th</sup> birthday
MMR:	2 doses separated by at least 28 days, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Varicella:	2 doses separated by at least 3 months-1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Hepatitis A:	2 doses given six calendar months apart, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Meningococcal:	1 dose

- DTaP vaccine is not administered on or after the 7<sup>th</sup> birthday.
- Tdap can be given in lieu of Td vaccine for children 7 years and older unless contraindicated.
- Hib is NOT required once a student turns 5 years of age.
- Pneumococcal conjugate is NOT required once a student turns 5 years of age.
- Influenza is NOT required once a student turns 5 years of age.
- HepA requirement for school year 2024–2025 applies to all Pre-K through 12<sup>th</sup> graders born 1/1/07 or later.
- HepB requirement for school year 2024–2025 applies to all students in grades K–12.  
Spacing intervals for a valid HepB series: at least 4 weeks between doses 1 and 2; 8 weeks between doses 2 and 3; at least 16 weeks between doses 1 and 3; dose 3 must be administered at 24 weeks of age or later.
- Second MMR for school year 2024–2025 applies to all students in grades K–12.
- Meningococcal conjugate requirement for school year 2024–25 applies to all students in grades 7–12.
- Tdap requirement for school year 2024–2025 applies to all students in grades 7–12.
- If two live virus vaccines (MMR, varicella, MMRV, intranasal influenza) are not administered on the same day, they must be separated by at least 28 days (there is no 4 day grace period for live virus vaccines). If they are not separated by at least 28 days, the vaccine administered second must be repeated.
- Lab confirmation of immunity is **only** acceptable for HepA, HepB, measles, mumps, rubella, and varicella.
- **VERIFICATION OF VARICELLA DISEASE:** confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

For the full legal requirements for school entry visit: [Laws and Regulations \(ct.gov\)](#)

If you are unsure if a child is in compliance, please call the Immunization Program at (860) 509-7929.

#### **New Entrant Definition:**

\*New entrants are any students who are new to the school district, including **all** preschoolers and all students coming in from Connecticut private, parochial and charter schools located in the same or another community. **All preschoolers, as well as all students entering kindergarten**, including those repeating kindergarten, and those moving from any public or private pre-school program, even in the same school district, **are considered new entrants**. The one exception is students returning from private approved special education placements—they are not considered new entrants.

Vaccines supplied by the State of Connecticut are listed [here](#), along with brand names.

## 5141.3 Appendix B

**List of High Risk<sup>1</sup> Tuberculosis Countries**

Afganistan	Georgia	Paraguay
Algeria	Ghana	Peru
Angola	Guam	Philippines
Anguilla	Guatemala	Poland
Argentina	Guinea	Portugal
Armenia	Guinea-Bissau	Qatar
Azerbaijan	Guyana	Republic of Korea
Bahrain	Haiti	Republic of Moldova
Bangladesh	Honduras	Romania
Belarus	India	Russian Federation
Belize	Indonesia	Rwanda
Benin	Iraq	Saint Vincent and the Grenadines
Bhutan	Japan	Sao Tome and Principe
Bolivia (Plurinational State of)	Kazakhstan	Senegal
Bosnia and Herzegovina	Kenya	Serbia
Botswana	Kiribati	Seychelles
Brazil	Kuwait	Sierra Leone
Brunei Darussalam	Kyrgyzstan	Singapore
Bulgaria	Lao Peoples Democratic Republic	Solomon Islands
Burkina Faso	Latvia	Somalia
Burundi	Lesotho	South Africa
Cambodia	Liberia	Sri Lanka
Cameroon	Libyan Arab Jamahiriya	Sudan
Cape Verde	Madagascar	Suriname
Central African Republic	Malawi	Swaziland
Chad	Malaysia	Syrian Arab Republic
China	Maldives	Tajikistan
China, Hong Kong Sp. Admin. Region	Mali	Thailand
China, Macao Administrative Region	Marshall Islands	The former Yugoslav Rep. of Macedonia
Colombia	Mauritius	Timor-Leste
Comoros	Micronesia (Federated States of)	Togo
Cong	Mongolia	Tonga
Cook Islands	Montenegro	Trinidad and Tobago
Cote d'Ivoire	Morocco	Tunisia
Croatia	Mozambique	Turkey
Democratic People's Rep. of Korea	Myanmar	Turkmenistan
Democratic Republic of the Congo	Namibia	Tuvalu
Djibouti	Nepal	Uganda
Dominican Republic	New Caledonia	Ukraine
Ecuador	Nicaragua	United Republic of Tanzania
El Salvador	Niger	Uruguay
Equatorial Guinea	Northern Mariana Islands	Uzbekistan
Eritrea	Pakistan	Vanuatu
Estonia	Palau	Venezuela (Bolivarian Republic of)
French Polynesia	Panama	Viet Nam
Gabon	Papua New Guinea	Yemen
Gambia	Paraguay	Zambia
		Zimbabwe

<sup>1</sup>Greater than 20/100,000 population  
Estimates can be found at <http://apps.who.int/ghodata/?vid=500>

**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 6<sup>th</sup> or 7<sup>th</sup> grade and in the 10<sup>th</sup> or 11<sup>th</sup> grade. Specific grade level will be determined by the local board of education.

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)

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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:		

\*Gross dental (teeth and gums)

\*Postural:  Normal  Abnormal Min. \_\_\_\_\_  
 Slight \_\_\_\_\_  
 Referral Mod. \_\_\_\_\_  
 Marked \_\_\_\_\_

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

**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 <sup>th</sup> 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 \_\_\_

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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