

Statement

The Board of Education recognizes the importance of periodic health examinations and adheres to State laws related health regulations and immunizations.

Boards of Education will require each student enrolled in the public schools to have a health examination, either by a legally qualified practitioner of medicine, the school medical advisor, or his/her designee.

Parent(s)/guardian(s) wishing their children exempt or excused from vision, hearing and scoliosis screenings may file annually with the district a statement in writing, signed by the parent(s)/guardian(s), requesting that the student be excused from these screenings.

Regulations

I. HEALTH ASSESSMENTS

A. Health assessments will be required:

1. Prior to initial enrollment in a Connecticut Public School;
2. in grade six (6); and
3. in grade nine (9)
4. Students entering the Manchester Schools for the first time

Health assessments will be conducted by a legally qualified practitioner of medicine, an advanced practice registered nurse, licensed pursuant to chapter 378, a physician assistant, licensed pursuant to chapter 370, or by the school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base.

A health assessment will be required of all students who enter the school system from outside the continental United States within the past year.

Students entering the Manchester School System from another Connecticut school district must show proof of having had the mandated health assessments. If the student is coming from another state, the student must show proof of having a health assessment by a licensed qualified medical practitioner within the past two (2) years.

If the student does not have a primary care provider, or is unable to meet the requirement for the health assessment, school staff may refer the student to the East Hartford, Manchester or Vernon Community clinics, or to Doctor Source at Manchester Memorial Hospital.

Students with unstable health conditions will be referred to the Coordinator of School Health and/or the district medical advisor for health assessments prior to entrance into school.

The results of the health assessments must be recorded on the State of Connecticut Health Assessment Record (blue HAR) distributed by the State Department of Education.

B. Scope:

Health assessments must include:

1. A health assessment will include hematocrit or hemoglobin tests, height, postural, weight, blood pressure, vision and auditory, dental screening, and a tuberculosis assessment as required by Connecticut Statutes.

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

- a. 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);
 - b. travel to a high risk country staying at least one week with substantial contact with the indigenous population since the previously required health assessment;
 - c. extensive contact with persons who have recently come to the United States since the previously required health assessment;
 - d. contact with persons suspected to have tuberculosis; or
 - e. had contact with anyone who was in a homeless shelter, jail or prison, uses illegal drugs or has HIV infection.
2. Immunizations as required by Connecticut General Statutes;
 3. Vision and hearing screening as required by Connecticut General Statutes;
 4. Postural screening (only required at assessments in grades six (6) and nine (9); as required by Connecticut General Statutes; and
 5. Chronic Disease Assessment including asthma; as required by Connecticut General Statutes.

C. Responsibility:

Parents or guardians are responsible for providing the required health assessments. The Manchester Board of Education may provide upon a parent or guardian's request health assessments for all students in grades six (6) and nine (9) whose parents or guardians meet the eligibility requirements for free and reduced priced meals under the National School Lunch Program or for free milk under the Special Milk Program.

D. Exemptions:

Health assessment and health screening requirements are waived if the parent or legal guardian of the student, or the student (if he/she is an emancipated minor or is eighteen (18) years of age or older) notifies the school nurse in writing that the parent(s)/guardian(s) or student object on religious grounds.

E. Schedule:

Health assessments for students entering school in PreK or kindergarten must have been completed within the previous twelve (12) months. A grade six (6) health assessment period falls within the months of January for grade five (5) and continues through grade six (6).

Health assessments for students in grade nine (9) must have been completed after July 1st of the year the student enters grade nine (9).

All candidates and participants for all athletic teams will provide documentation of a current health assessment in order to participate, as indicated in Section 10-206. A health assessment is considered current for this purpose if completed within thirteen months prior to the participation date, Athletes and parent(s)/guardian(s) must also complete and submit the necessary Athletic Department forms.

II. HEALTH SCREENINGS

Screenings are required as part of the health assessment described above and as separate, regularly scheduled examinations. These include:

- Vision screening required annually for each pupil in grades kindergarten through grade six (6), inclusive, and in grade nine (9);
- Audiometric screening required annually for each student in grades kindergarten through grade three (3), inclusive, in grade five (5) and in grade eight (8); and
- Postural screening required for each pupil in grades five (5) through nine (9).

The school system will provide these screenings to students at no cost to parents. Parents will be provided an annual written notification of screenings to be conducted. Parents wishing to have these screenings to be conducted by their private physician may do so at their own expense and will be required to report screening results to the school nurse.

III. IMMUNIZATIONS:

- A. The Manchester Board of Education requires that all students be protected by adequate immunization before being permitted to attend

any public elementary or secondary school as determined by Connecticut General Statutes.

- B. The Manchester Board of Education may deny continued attendance in school to any student who fails to obtain immunizations required under CT General Statutes 10-204a as may be periodically amended.
- C. Immunization requirements are satisfied if a student's parent provides:
1. verification of required immunizations;
 2. 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;
 3. 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;
 4. a statement from the parents or guardian of the student that such immunization would be contrary to religious beliefs of the child;
 5. evidence that the student has had a natural infection confirmed in writing by a physician, physician assistant, advanced practice registered nurse or laboratory.
- D. The following immunizations are required for initial entry into school for kindergarten, regular and special education pre-school programs, and grades one (1) through six (6):
1. Four (4) doses of DTP/DTPaP vaccine (Diphtheria – Pertussis – Tetanus). At least one (1) dose is required to be administered on or after the fourth (4th) birthday for children enrolled in school at kindergarten or above. Students who start the series at age seven (7) or older need a total of three (3) doses.
 2. Three (3) doses of either trivalent oral polio vaccine (TOPV) or inactivated polio vaccine (IPV) with at least one (1) dose of polio vaccine administered on or after the fourth (4th) birthday and before school entry. (This then usually results in four (4) doses in total).
 3. Two (2) doses of MMR vaccine (measles, mumps and rubella). One (1) dose at one (1) year of age or after and a second (2nd) dose, given at least twenty-eight (28) days after the first (1st) 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 (1) dose on or after the child's first (1st) birthday for enrollment in preschool.

4. Three (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.
5. One (1) dose of Hib (Hemophilus Influenza type b) given on or after the first (1st) birthday, is required of all school children who enter school **prior to their fifth (5th) birthday** or had a laboratory confirmed infection at age twenty-four (24) months or older, confirmed in writing by a physician, physician assistant or advanced practice registered nurse. Children five (5) and older do not need proof of Hib vaccination.
6. Varicella (Chickenpox) Immunity –
 - a. One (1) dose on or after the first (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 (1st) dose on or after the first (1st) birthday.
 - b. Proof of immunity includes any of the following:
 - (1) Documentation of age appropriate immunizations considered to be one (1) dose administered on or after the student's first (1st) birthday (if the student is less than thirteen (13) years old) or two (2) doses administered at least thirty (30) days apart for students whose initial vaccination is at thirteen (13) years of age or older.

The National Advisory Committee on Immunization Practices (ACIP) changed the recommendation for routine vaccination against chicken pox (Varicella) from a single dose for all children beginning at twelve (12) months of age to two (2) doses, with the second (2nd) dose given just prior to school entry. The ACIP also recommends that all school-aged children, up to eighteen (18) years of age, who have only had a single dose of Varicella vaccine to be vaccinated with a second (2nd) dose.

- (2) 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

- (3) 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. (The date of chickenpox illness is not required.)
- (4) All students are required to show proof of immunity (see above) to Varicella for entry into seventh (7th) grade.

The Connecticut Department of Public Health has indicated that a school-aged child, thirteen (13) years of age or older, will only be considered fully immunized if he/she has had two (2) doses of the Varicella vaccine, given at least four (4) weeks apart.

- 7. Hepatitis A – Requirement for PK and K for children born on or after January 1, 2007 and enrolled in preschool or kindergarten on or after August 1, 2011.
 - a. Two (2) doses of hepatitis A vaccine given at least six (6) months apart, the first (1st) dose given on or after the child's first (1st) birthday; or
 - b. Has had protection against hepatitis confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.
- 8. Influenza Requirement for PK
 - a. Effective January 1, 2012 and each January 1 thereafter, children aged twenty-four through fifty-nine (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).
 - b. Children of ages twenty-four through fifty-nine (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 (1st) dose.
- 9. Pneumococcal Disease Requirement for PK and K
 - a. 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 (1st) birthday.
 - b. An individual will be considered adequately protected if currently aged five (5) years or older.

E. The following immunizations are required for entry into seventh (7th) grade:

1. Proof of having received two (2) doses of measles-containing vaccine.

In those instances at entry to seventh (7th) grade, where an individual has not received a second (2nd) dose of measles containing vaccine, a second (2nd) dose shall be given. If an individual has received no measles containing vaccines, the second (2nd) dose shall be given at least four (4) weeks after the first.

2. Proof of Varicella (Chickenpox) Immunity.
 - a. On or after August 1, 2011, two (2) doses, given at least three (3) months apart, the first (1st) dose on or after the individual's first (1st) birthday and before the individual's thirteenth (13th) birthday or two (2) doses given at least twenty-eight (28) days apart if the first (1st) dose was given on or after the individual's thirteenth (13th) birthday, or
 - b. Serologic evidence of past infection, or
 - c. 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)
3. Proof of at least three (3) doses of Hepatitis B vaccine or show proof of serologic evidence of infection with Hepatitis B.
4. Proof of Diphtheria-Pertussis-Tetanus Vaccination (Adolescent Tdap Vaccine Requirement for Grade seven (7) Students)
 - a. 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 primary diphtheria, tetanus and pertussis containing vaccination series unless:
 - b. 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.

5. Grade seven (7) students must show evidence of one (1) dose meningococcal vaccine (MCV4)
- F. All students in grades K-12 are required to show proof of two (2) doses of measles, mumps, and rubella vaccine at least twenty-eight (28) days apart with the first (1st) 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.

IV. RECORDS, REVIEW, NOTIFICATION AND REPORTING

A. Records:

1. Student health records will include the following: health assessments; screenings; immunizations; test or treatment provided as a part of the screening or assessment; and health data pertinent to the modifications of the educational program (i.e. physical education excuses, medications, waivers) shall be recorded on the student's health record.
2. Each physician or his/her designee performing health assessments or screenings will sign all health forms and provide any recommendations concerning the student in writing.
3. If a student permanently leaves the Manchester School System, the student's original cumulative health record will be sent to the Connecticut school district to which the student transfers and a true copy will be kept on file in this district.
4. When a student leaves the State, a copy will be forwarded to the new school district and the original kept on file in the Manchester School System.

B. Review and Notification:

1. School nurses will review the results of each health assessment and screening.
2. Where the results of a student's health assessment or screening indicate a health problem that may affect educational progress of the student, the school nurse will inform the student's teacher(s), parent(s)/guardian(s) and other appropriate school personnel as may be necessary.
3. Where the results of a student's health assessment or screening indicate that a student for whom free assessment must be provided is in need of further testing or treatment, the Superintendent of Schools must give written notice of

such need to the parent(s)/guardian(s) of such students and will make reasonable efforts to assure that such further testing or screening is provided.

4. In the case of students who have requested and are eligible for free health assessments, parent(s) and/or guardian(s) will be notified in writing of the schedule of such assessments and have the opportunity to be present.
5. Parent(s)/guardian(s) are notified in the spring of their child's fifth (5th) grade year and eighth (8th) grade year of the requirements of physical assessments due in the next school year.

Parent(s)/guardian(s) who have not submitted the health assessments are again notified by mail in the spring of their child's sixth (6th) grade year and ninth (9th) grade year.

By June 1, a list of students who are not in compliance with the physical assessment requirement will be submitted to the Coordinator of School Health. These names will be submitted to school administrators for exclusion from school at the start of the next school year.

Parent(s)/guardian(s) so affected will be given written notification of this exclusion status. In August, the schedules of all students who are not in compliance will not be mailed to the home until the required health assessment is submitted.

C. Reporting

1. Prior to the start of the school year, the Coordinator of School Health will submit to the Superintendent of Schools a list of students entering grade seven (7) and ten (10) who are not in compliance with Connecticut General Statutes.
2. As required, the school district will 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 for the district, obtained through the required asthma assessments, including student demographics. Such required asthma diagnosis will occur at the time of mandated health assessment at the time of enrollment, in either grade six (6) or seven (7), and in either grade nine (9) or ten (10). Such asthma diagnosis will be reported whether or not it is recorded on the health assessment form, at the aforementioned intervals.
3. The school district, as required, will also participate in annual school surveys conducted by the Department of Public Health pertaining to asthma.

Legal Reference

Connecticut General Statutes:

10-204a	Required immunizations
10-204c	Immunity from liability
10-205	Appointment of School Medical Advisor
10-206	Health Examinations (includes asthma reporting)
10-206a	Free Health Assessments
10-208	Exemption from examination or treatment
10-209	Records not to be public
10-210	Notice of disease to be given parent or guardian
10-214	Vision, audiometric and postural screenings

Section 41 of Public Act 01-4 of the June 2001 Special Session Inclusion of Chronic Disease Assessment.

Other

Annual report to Connecticut Health Department concerning students with asthma.

Adopted: March 8, 1982
Revised: March 24, 2003
Revised: January, 2008
Revised : January 23, 2012