



# WOODBRIDGE SCHOOL DISTRICT

40 Beecher Road – South  
Woodbridge, Connecticut 06525

Jonathan S. Budd, Ph.D. – Superintendent

## MEMORANDUM

TO: Woodbridge Board of Education

FROM: Jonathan S. Budd, Ph.D., Superintendent

DATE: August 12, 2021

RE: Recommended Adoption of Revised Policy 5141 – Student Health Services, and  
Recommended Rescission of Policy 5141.3 – Health Assessments and Immunizations

Based on yesterday's meeting of the Policy Committee, please find attached a recommended revision of Policy 5141 which would accomplish the following:

- Update language related to exemption from immunizations (required via Connecticut Public Act 21-6, "An Act Concerning Immunizations").
- Update language related to vision screenings (required via Connecticut Public 21-95, "An Act Concerning Assorted Revisions and Additions to the Education Statutes").

Recommended changes are represented in red.

In addition, this recommended revision would integrate current Policy 5141.3, "Health Assessments and Immunizations," so that one cohesive policy on student health services would exist. Thus, rescission of Policy 5143 is concurrently recommended.

## Students

### Student Health Services

The Board of Education recognizes the need to protect and improve the health of students in order to allow each student to achieve their greatest educational potential. In order to do this the Board will ~~provide negotiate and enter into an agreement for~~ nursing services in district schools. The Board also employs the professional services of a School District Medical Advisor and appropriate professional support services. The Superintendent or appointee shall manage these health services. Health services shall be directed toward detection, prevention, ongoing monitoring of health problems and ~~to provide~~ emergency interventions. ~~The Board of Education also recognizes the importance of periodic health assessments, including oral health assessments, according to State of Connecticut health regulations.~~

### School District Medical Advisor

The Board of Education shall appoint a school district medical advisor and appropriate medical support service personnel including nurses.

~~As required, the District will annually report to the Department of Public Health information required on the School Immunization Entry Survey. As required, the District will report, on a triennial basis, 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 shall occur at the time of mandated health assessment at the time of enrollment. Such asthma diagnosis shall be reported whether or not it is recorded on the health assessment form, at the aforementioned intervals. The District, as required, will also participate in annual school surveys conducted by the Department of Public Health pertaining to asthma.~~

School health efforts shall be directed toward detection and prevention of health problems and to emergency treatment, including the following student health services:

1. Appraising the health status of student and school personnel;
2. Counseling students, parents, and others concerning the findings of health examination;
3. Encouraging correction of defects;
4. Helping prevent and control disease;
5. Providing emergency care for student injury and sudden illness;
6. Maintaining school health records.

### Health Records

There shall be a health record for each student enrolled in the school district which will be maintained in the school nurse's room. For the purposes of confidentiality, records will be treated in the same manner as the student's cumulative academic record.

Student health records are covered by the Family Educational Rights and Privacy Act (FERPA) and are exempt from the Health Insurance Portability Accountability Act (HIPAA) privacy rule. However, it is recognized that obtaining medical information from health care providers will require schools to have proper authorization and to inform parents that such information once released by health care providers is no longer protected under HIPAA but is covered under FERPA.

### Regular Health Assessments

Prior to enrollment in PreK and/or kindergarten, each child shall have a health assessment by one of the following medical personnel of the parents or guardians choosing to ascertain whether the student has any physical disability or other health problem tending to prevent him or her from receiving the full benefit of school work and to ascertain whether such school work should be modified in order to prevent injury to the student or to secure for the student a suitable program of education:

1. a legally qualified physician;
2. an advanced practice registered nurse;
3. a registered nurse;
4. a physician ~~physician's~~ assistant.
5. a school medical advisor.
6. a legally qualified practitioner of medicine, an advanced practice registered nurse, or a physician assistant stationed at any military base.

Such health assessment shall include:

1. Physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include, but not be limited to, asthma;
2. Updating of immunizations required under C.G.S. [10-204a](#) as periodically amended;
3. Vision, hearing, postural, and gross dental screening;
4. If required by the school district medical advisor, testing for tuberculosis and sickle cell anemia or Cooley's Anemia;
5. Any other information including a health history as the physician believes to be necessary and appropriate.

~~Health assessments shall also be required in grades 6 or 7 and in grades 9 or 10 by a legally qualified physician of each student's parents' or guardians' own choosing, or by the School District Medical Advisor, or the advisor's designee, to ascertain whether a student has any physical disability or other health problem. Such health assessments shall include:~~

- ~~1. Physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include, but not be limited to, asthma;~~
- ~~2. Updating of immunizations required under C.G.S. [10-204a](#) and the Department of Public Health, Public Health Code, [10-204a-2a](#), [10-204-3a](#) and [10-204a-4](#);~~
- ~~3. Vision, hearing, postural, and gross dental screening;~~
- ~~4. If required by the school district medical advisor and the local health department, testing for tuberculosis and sickle cell anemia or Cooley's Anemia;~~
- ~~5. Any other information including a health history as the physician believes to be necessary and appropriate;~~
- ~~6. Chronic health assessments~~

A child will not be allowed, as the case may be, to begin or continue in district schools unless health assessments are performed as required. Students transferring into the district must provide evidence of required Connecticut vaccinations, immunizations, and health assessments ~~at enrollment and~~ prior to school attendance.

In situations where there is financial hardship, health assessments will be provided by the School ~~District~~ Medical Advisor or the Advisor's designee without charge to all students whose parents or guardians meet the eligibility requirement of free and reduced priced meals under the National School Lunch Program or for free milk under the special milk program.

The Nursing Supervisor is designated to receive reports of health assessments and immunizations from health care providers.

Health assessment results and recommendations signed by the examining physician or authorized medical personnel shall be recorded on forms provided by the Connecticut State Board of Education and kept on file in the school the student attends. Upon written authorization from the student's parent or guardian, original cumulative health records shall be sent to the chief administrative officer of the school district to which such student moves and a true copy of the student's cumulative health records maintained with the student's academic records. The Superintendent of Schools, or designee, shall notify parents of any health-related problems detected in health assessments and shall make reasonable efforts to assure that further testing and treatment is provided, including advice on obtaining such required testing or treatment.

Students who are in violation of Board requirements for health assessments and immunizations will be excluded from school after appropriate parental notice and warning.

## Immunizations/Vaccinations

No student will be allowed to enroll in any program operated as part of the district schools without adequate immunization against the following diseases:

Measles	Pertussis	Varicella (Chickenpox)
Rubella	Mumps	Hepatitis A
Poliomyelitis	Haemophilus influenza type B	Pneumococcal disease
Diphtheria	Any other vaccine required by Section 19a-7f of Connecticut General Statutes	Influenza
Tetanus	Hepatitis B	Meningococcal disease

All students in grades K-12 are required to have received 2 doses of measles, mumps and rubella vaccine or serologic proof of immunity. Students entering kindergarten shall present proof of having received 2 doses of varicella vaccine, laboratory confirmation of immunity, or a written statement signed by a physician, physician assistant, or advanced practice registered nurse indicating the individual has had varicella based on family or medical history.

All students in Grades K-12 are required to have 3 doses of Hepatitis B vaccine or serologic evidence of immunity.

Students shall be exempt from the appropriate provisions of this policy when:

1. They present a certificate from a physician, physician assistant, advanced practice registered nurse, or local health agency stating that initial immunizations have been given and additional immunizations are in process under guidelines and schedules specified by the Commissioner of Health Services; or
2. They present a certificate from a physician, physician assistant, or advanced practice registered nurse stating that in the opinion of such medical provider immunization is medically contraindicated because of the physical condition of such child. Such certification shall be provided on the medical exemption certificate form developed by the Department of Public Health and available on its website; or
3. They present a written statement from their parents or guardians that such immunization would be contrary to the religious beliefs of such child or his/her parents/guardians, such statement to be officially acknowledged by a notary public or a judge, a court clerk/deputy clerk, a town clerk, a justice of the peace, a Connecticut attorney, or school nurse, and such religious exemption was granted prior to April 28, 2021 (by midnight April 27, 2021). Such student retains this exemption through grade 12, even if the student transfers to another school in Connecticut; or
4. In the case of a child enrolled in pre-school or pre-kindergarten on or before April 28, 2021, their parent/guardian appropriately submits a statement necessary for the religious exemption, which shall provide an extension until September 1, 2022 to comply with Connecticut's required immunizations, or within fourteen (14) days after transferring to a different public or private school, whichever is later. The deadline for such pre-school / pre-kindergarten student complying with the immunization requirements can be altered if the school / district is provided with a written declaration from the child's physician, physician assistant, or advanced practice registered nurse recommending a different immunization schedule for the child.
5. In the case of measles, mumps or rubella, they present a certificate from a physician, physician assistant, or advanced practice registered nurse, or from the Director of Health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or
6. In the case of Haemophilus influenza type B, they have passed their fifth birthday; or
7. In the case of diphtheria, tetanus and pertussis, they have a medical exemption confirmed in writing by a physician, physician assistant, or advanced practice registered nurse (per C.G.S. 19a-7f).

The Nursing Supervisor will report to the local Director of Health any occurrence of State of Connecticut defined reportable communicable diseases.

## Vision Screening

All students in grades K, 1, 3, 4, & 5 will be screened using a Snellen chart, or equivalent screening, by the school nurse or school health aide. **An equivalent screening device or an automated vision screening device may be used for such vision screening.** Additional vision screening will also be conducted in response to appropriate requests from parents/guardians or professionals working with the student in question. Results will be recorded in the student's health record on forms supplied by the Connecticut State Board of Education, and the Superintendent shall cause a written notice to be given to the parent or guardian of each student found to have any defect of vision, with a brief statement describing such defect.

As necessary, special educational provisions shall be made for students with disabilities.

**The Principal and the Nursing Supervisor will notify parents/guardians in writing prior to vision screening of students.**

## Hearing Screening

All students will be screened for possible hearing impairments in grades K, 1, 3, 4, & 5. Additional audiometric screening will be conducted in response to appropriate requests from parents/guardians or professionals working with the student. Results will be recorded in the student's health record on forms supplied by the Connecticut State Board of Education, and the Superintendent shall cause a written notice to be given to the parent or guardian of each student found to have any defect of hearing, with a brief statement describing such defect.

As necessary, special educational provisions shall be made for students with disabilities.

**The Principal and the Nursing Supervisor will notify parents/guardians in writing prior to hearing screening of students.**

## Postural Screening

School nurses will screen all female students in grade 5 ~~and 6-7 inclusive and male students in grade 8 or 9~~ for scoliosis or other postural problems. Additional postural screening will also be conducted in response to appropriate requests from parents/guardians or professionals working with the student. Results will be recorded in the student's health record on forms supplied by the Connecticut State Board of Education, and the Superintendent shall cause a written notice to be given to the parent or guardian of each student found to have any postural defect of problem, with a brief statement describing such defect or disease.

As necessary, special educational provisions shall be made for students with disabilities.

**The Principal and the Nursing Supervisor will notify parents/guardians in writing prior to postural screening of students.**

~~Students shall be exempt from the appropriate provisions of this policy when:~~

- ~~1. they present a certificate from a physician or local health agency stating that initial immunizations have been given and additional immunizations are in process under guidelines and schedules specified by the Commissioner of Health Services; or~~
- ~~2. they present a certificate from a physician stating that in the opinion of such physician, immunization is medically contraindicated because of the physical condition of such child; or~~
- ~~3. They present a written statement from their parents or guardians that such immunization would be contrary to the religious beliefs of such child or his/her parents/guardians; such statement to be officially acknowledged by a notary public or a judge, a court clerk/deputy clerk, a town clerk, a justice of the peace, a Connecticut attorney, or a school nurse; or~~
- ~~4. in the case of measles, mumps or rubella, present a certificate from a physician, physician assistant or advanced practice registered nurse or from the Director of Health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or~~
- ~~5. in the case of Hemophilus influenza type B has passed his or her fifth birthday; or~~
- ~~6. in the case of diphtheria, tetanus and pertussis, has a medical exemption confirmed in writing by a physician, physician assistant or advanced practice registered nurse (per C.G.S. 19a-7f).~~

~~The school nurse will report to the local Director of Health any occurrence of State of Connecticut defined~~

~~reportable communicable diseases.~~

## **Student Medical Care at School**

School personnel are responsible for the immediate care necessary for a student whose sickness or injury occurs on the school premises during school hours or in school-sponsored and supervised activities.

Schools shall maintain files of emergency information cards for each student. If a child's injury requires immediate care, the parent or guardian will be called by telephone by the nurse, the building principal, or other personnel designated by the principal, and advised of the student's condition. When immediate medical or dental attention is indicated, and when parents or guardians cannot be reached, the student will be transported to the nearest hospital unless otherwise indicated on the student's Emergency Information card. In this event, the family physician/dentist and School District Medical Advisor will be notified of school district actions.

## **Oral Health Assessments**

Parents are encouraged to have oral health assessments for their child(ren) prior to public school enrollment, and in grade 6 ~~or 7, and in grade 9 or 10~~. 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.

(cf. 5111 – Admission)

(cf. [5125.11](#) – Health/Medical Records)

(cf. [5142](#) – Student Safety)

~~(cf. [5141.3](#) – Health Assessments & Immunizations)~~

(cf. [5141.4](#) – Child Abuse and Neglect)

(cf. [5141.5](#) – Suicide Prevention)

~~(cf. [6142.1](#) – Family Life and Sex Education)~~

~~(cf. 6145.2 – Interscholastic/Intramural Athletics)~~

(cf. 6171.1 – Special Education)

Legal Reference: Connecticut General Statutes

[10-203](#) Sanitation.

[10-204a](#) Required immunizations, as amended by PA 15-174 & PA 15-242.

[10-204c](#) Immunity from liability

[10-205](#) Appointment of school medical advisors.

[10-206](#) Health assessments, as amended by PA 07-58, PA 11-179 and PA 18-168.

[10-206a](#) Free health assessments.

[10-207](#) Duties of medical advisers, as amended by PA 12-198.

[10-208](#) Exemption from examination or treatment.

[10-208a](#) Physical activity of student restricted; boards to honor notice.

[10-209](#) Records not to be public. (as amended by PA 03-211)

[10-210](#) Notice of disease to be given parent or guardian.

[10-212](#) School nurses and nurse practitioners.

[10-212a](#) Administration of medicines by school personnel.

[10-213](#) Dental hygienists.

[10-214](#) Vision, audiometric and postural screening: When required; notification of parents re defects; record of results. (As amended by PA 96-229 An Act Concerning Scoliosis Screening)

[10-214a](#) Eye protective devices.

[10-214b](#) Compliance report by local or regional board of education.

[10-217a](#) Health services for children in private nonprofit schools. Payments from the state, towns in which children reside and private nonprofit schools.

Department of Public Health, Public Health Code – [10-204a-2a](#), [10-204a-3a](#) and [10-204a-4](#)

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)

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.

[PA 21-6 An Act Concerning Immunizations](#)

[PA 21-95 An Act Concerning Assorted Revisions and Additions to the Education Statutes.](#)

**Policy adopted: October 21, 2019; Revised**

WOODBIDGE PUBLIC SCHOOLS

Woodbridge, Connecticut

## 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 Board of Education shall annually designate a representative 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 or a school nurse.~~

~~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.~~

~~No record of any student's medical assessment may be open to the public.~~

~~As required, the 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 shall occur at the time of mandated health assessment at the time of enrollment, in either grade six or seven, and in either grade ten or eleven. Such asthma diagnosis shall be reported whether or not it is recorded on the health assessment form, at the aforementioned intervals. The District, as required, will also participate in annual school surveys conducted by the Department of Public Health pertaining to asthma.~~

~~The Superintendent of Schools shall give written notice 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 that the student be examined by an appropriately licensed optometrist or ophthalmologist.~~

~~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)~~

~~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~~

~~Policy adopted: October 21, 2019~~

~~WOODBIDGE PUBLIC SCHOOLS~~

~~Woodbridge, Connecticut~~

**5141.3**

## ~~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. 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/DTPa 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.~~

~~• 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.~~

~~• 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.~~

Health assessment and health screening requirements are waived if the parent/legal guardian of 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, gross dental and posture shall be required for all new school enterers.~~

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.~~

Health assessments completed within one calendar year of new school entry 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.

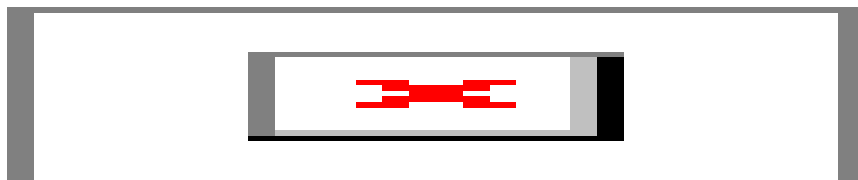
~~(\*Note: As an alternative health assessment could be held in grade 7.)~~

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 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 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:



The school system shall provide these screening to students at no cost to parents. 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 School Nurse.

Students eligible for free health assessments shall have them provided by the School Medical Advisor and/or designee. 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](#).

### **Oral Health Assessments**

Parents are encouraged to have oral health assessments for their child(ren) prior to public school enrollment, in grade 6 or 7, and in grade 9 or 10. 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.

### **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: ~~October 21, 2019~~**

~~WOODBIDGE PUBLIC SCHOOLS~~

~~Woodbridge, Connecticut~~