

**Shepaug Valley School**  
**Health Office**  
Edith M. Poidomani, RN,MS,NCSN

To Parent(s)/Guardians(s) of visiting/ transferring students/ students entering from other countries:

- **PRIOR TO SCHOOL ENTRY**, The Health Assessment/Immunization form must be completed in its entirety by the health care provider. The form will include: height, weight, blood pressure, vision, hearing, postural, speech, hemoglobin (HGB), hematocrit (HCT), gross dental, and health /developmental history as appropriate. Also, an assessment of risk of exposure to tuberculosis (TB) shall be conducted by a health care provider. Any student determined to be at high risk must be tested w/the test results recorded on the State of Connecticut health Assessment Record (HAR-3).
- Proof of required immunizations will include: Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, Hepatitis B, Chickenpox, Meningitis, and any other updated immunizations required by state law/regulations.
- If a parent presents a certificate for the student from a healthcare provider certifying that in the opinion of such health care provider, immunization(s) would not be prudent due to the student's physical condition or the parent presents a religious exemption document that such immunization(s) would be contrary to religious beliefs, then such student shall be exempt from immunization(s) documented on forms.

Please contact the school nurse if you have any questions. The Health Assessment/Immunization form is included with this memo.

**Return form to:**

Shepaug Valley Schools  
Health Office  
159 South Street  
Washington, CT 06793  
(860) 868-6205  
Fax: (860) 868-6260  
Email: [poidomanie@region-12.org](mailto:poidomanie@region-12.org)

Thank you in advance for your cooperation.

Edith M. Poidomani, RN, MS, NCSN  
Shepaug School Nurse

**INFORMATION on Health Measures required for School Admission (Legal Reference: Connecticut State Statutes/10-204a Required Immunizations/ 10-206 Health Assessments)**