

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

To the Parent(s)/Guardian(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), (part 3)-dental/oral assessment, 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 records 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.
- A medical exemption certificate (to include all required documentation) presented by the child's health care provider, certifying that the required vaccination(s) is medically contraindicated due to the student's medical condition.

Please contact the school nurse if you have any questions.

**Return form to:**

Shepaug Valley School Health Office  
159 South Street, Washington, CT 06793  
Phone: 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, NBCSN  
Shepaug School Nurse

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