

Series 0000 – Mission-Goals-Objectives

2. Goals and Objectives

The Suffield Public School District established objectives and goals:

Objectives:

1. To maximize each student's potential through a rich and challenging curriculum and a broad range of programs.
2. To provide proactive, coordinated academic, social, and emotional support for every student.
3. To cultivate responsibility, respect, and resilience in our students, and to promote citizenship in the school, the community, the nation, and the world.
4. To encourage and enhance collaborative relationships with parents and with the broader community.
5. To ensure that the staff and students are fluent in the integrated use of technology in the service of learning.
6. To be responsible stewards of the District's school resources.
7. To provide a safe and secure learning environment.
8. To invest in the continual development of our staff.
9. To equip students with the knowledge and skills necessary to pursue the future of their choice and to prepare students to function effectively in various life roles.

Board Goals Adopted in ~~2020~~2021:

1. ~~Establish~~Continue to establish healthy channels of outreach, communication, engagement, and collaboration with town government and the community.
2. Continue to drive student achievement and outcomes by systematically using meaningful data to track student success and instructional practices.~~Systematically use meaningful data to drive, improve and track student success and instructional practices.~~
3. Continue to design and implement an integrated plan for professional learning aligned with district needs.
4. ~~Revise~~Continue to revise curriculum and programming with an emphasis on alignment and fidelity of implementation.
5. ~~Engage~~Continue to engage in the process to develop a five-year Strategic Plan.
6. ~~Promote~~Continue to promote diversity, equity and inclusion for students, faculty and staff by fostering acceptance, mutual respect, civility and non-discrimination, per BOE Policies 4118.11 and 5145.4, across all areas of our District including employment, policy, curriculum and instruction, professional development, and the working and learning environment.

The mission statement of the Suffield Public Schools appears in policy 0000.

Legal References: Connecticut General Statutes

10-4(c) Duties of boards. Reports. Comprehensive plan for elementary, secondary, vocational, career and adult education.

10-220(b) Duties of boards of education as amended by PA 19-58.

Policy adopted: April 22, 2008
Policy revised: December 2, 2014, March 2, 2020
December 7, 2020

SUFFIELD PUBLIC SCHOOLS
Suffield, Connecticut

Series 5000 - Students

1. Elementary and Secondary

D. Welfare

(1) School Medical Advisor

(f) Health Assessment and Immunizations

In accordance with ~~Connecticut General Statutes~~ state law and accompanying regulations, the ~~Board of Education~~ Suffield Public Schools (the District) ~~shall require~~ s each ~~student-child~~ to be protected by adequate immunizations against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B, hepatitis B, chicken pox (varicella), pneumococcal disease, hepatitis A, influenza, ~~and~~ meningococcal disease, and any other vaccine required by the schedule for active immunization as determined by the Commissioner of Public Health pursuant to Conn. Gen. Stat. § 19a-7f, prior to enrolling before being permitted to enroll in any program or school under its jurisdiction. unless medically contraindicated or failure to do so is based upon a written notarized statement that such immunization is contrary to the religious beliefs of the child and/or the child's parent/guardian.

(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 10-207 Duties of medical advisors
 10-206a Free health assessments
 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. Department of Public Health, Public Health Code, 10-204a-2a, 10-204a-3a, 10-204a-20 U.S.C. Section 1232h, No Child Left Behind Act
 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)

Policy adopted: February 27, 2007
Policy revised: October 20, 2015

SUFFIELD PUBLIC SCHOOLS
Suffield, Connecticut

Series 5000 - Students

1. Elementary and Secondary

D. Welfare

1. School Medical Advisor

(f) Administrative Regulations Regarding Health Assessments/Screenings

In accordance with ~~Connecticut General Statutes 10-206, as amended, 10-204a, and 10-214~~state law, the following health assessment procedures are established for students in the district:

I. Immunization Requirements

In accordance with state law and accompanying regulations, the Suffield Board of Education Public Schools (the "Board District") requires each child to be protected by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B, hepatitis A, hepatitis B, varicella, pneumococcal diseases, meningococcal disease and any other vaccine required by the schedule for active immunization as determined by the Commissioner of Public Health pursuant to Conn. Gen. Stat. § 19a-7f, prior to enrolling before being permitted to enroll in any program or school under its jurisdiction.

Among other requirements, before being permitted to enter seventh grade, the Board District requires each child to be vaccinated against meningococcal disease. The Board District further requires each child to receive a second immunization against measles and tetanus, diphtheria and pertussis (Tdap) before being permitted to enter seventh grade.

Further, each child must have received two doses of immunization against varicella before being permitted to enter kindergarten and seventh grade, and each child must have received two doses of immunization against rubella and mumps before being permitted to enter grades kindergarten through twelve.

By January 1 of each year, children aged 24-59 months enrolled in the Board District's preschool program must show proof of receipt of at least one dose of influenza vaccine between August 1 and December 31 of the preceding year. All children aged 24-59 months who have not received vaccination against influenza previously must show proof of receipt of two doses of the vaccine the first influenza season that they are vaccinated. Children seeking to enroll in the Board District's preschool program between January 1 and March 31 are required to receive the influenza vaccine prior to being permitted to enter the program. Children who enroll in the preschool program after March 31 of any given year are not required to meet the influenza vaccine requirement until the following January.]

Exemption from the ~~pertain~~applicable requirements of these administrative regulations shall be granted to any child who, ~~prior to enrollment~~before being permitted to enroll:

(1) ~~presents a certificate from a physician, physician assistant, advanced practice registered nurse or local health agency stating that initial immunizations have been given to such child and additional immunizations are in process~~

(A) ~~under guidelines and schedules specified by the Commissioner of Public Health; or~~

(2) ~~presents a certificate from a physician, physician assistant, or advance practice registered nurse stating that in the opinion of a such physician, such immunization is medically contraindicated because of the physical condition of such child; or~~

(3) ~~presents~~(B) ~~in the case of a child enrolled in a preschool program or other prekindergarten program who, prior to April 28, 2021, was exempt from the applicable immunization requirements upon presentation of a statement from the parents or guardian of such child that such immunization~~immunizations would be contrary to the religious beliefs of such child or the parents or guardian of such child, ~~which statement~~as such additional immunizations are recommended, in a written declaration, in a form prescribed by the Commissioner of Public Health, for such child by a physician, a physician assistant or an advanced practice registered nurse. Such statement of religious beliefs shall be acknowledged by ~~_____ (A) _____ a judge of a court of record or a family support magistrate, (B) _____ a clerk or deputy clerk of a court having a seal, _____ (C) _____ a town clerk, (D) _____ a notary public, _____ (E) _____ a justice of the peace, _____ (F) _____ an attorney admitted to the bar of the State of Connecticut~~this state, or ~~(G) _____ a school nurse; or~~

(1) ~~presents a certificate, in a form prescribed by the Commissioner of Public Health pursuant to Section 7 of Public Act No. 21-6, from a physician, physician assistant, or advanced practice registered nurse stating that in the opinion of a such physician, physician assistant, or advanced practice registered nurse such immunization is medically contraindicated because of the physical condition of such child; or~~

(2) ~~(4)~~in the case of measles, mumps or rubella, presents 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

(3) ~~(5)~~in the case of ~~hemophilus~~haemophilus influenzae type B, has passed his/hersuch child's fifth birthday; or

(64) ~~in the case of pertussis, has passed his/hersuch child's sixth birthday.~~

~~_____ Before being permitted to enter the seventh grade, the parents or guardian of any child who is exempt on religious grounds from the immunization requirements, pursuant to subsection (3) above, shall present to the Board a statement that such immunization requirements are~~

contrary to the religious beliefs of such child or the parents or guardian of such child, which statement shall be acknowledged in the same manner as required by subsection (3) above.

II. Exemptions Based on Religious Beliefs

A. Children Enrolled in Kindergarten Through Twelfth Grade On or Before April 28, 2021

The immunization requirements set forth in Section I of these administrative regulations **shall not apply** to any child who is enrolled in kindergarten through twelfth grade on or before April 28, 2021 if:

1. such child presented a statement, prior to April 28, 2021, from the parents or guardians of such child that such immunization is contrary to the religious beliefs of such child or the parents or guardians of such child, and
2. such statement was acknowledged by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, an attorney admitted to the bar of the State of Connecticut, or a school nurse.

B. Students Who Transfer from Another Public or Private School in Connecticut

The immunization requirements set forth in Section I of this policy **shall not apply** to any student who:

1. transfers to the District from another public or private school in Connecticut, and
2. was enrolled in kindergarten through twelfth grade in the other public or private school on or before April 28, 2021, and
3. presented a statement, prior to April 28, 2021, from the parents or guardians of such child that such immunization is contrary to the religious beliefs of such child or the parents or guardians of such child, and such statement was acknowledged by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, an attorney admitted to the bar of the State of Connecticut, or a school nurse.

C. Children Enrolled in Preschool or Prekindergarten Prior to April 28, 2021

Any child who is enrolled in a preschool program or other prekindergarten program prior to April 28, 2021 who:

1. presented a statement, prior to April 28, 2021, from the parents or guardians of such child that such immunization is contrary to the religious beliefs of such child or the parents or guardians of such child, and
2. such statement was acknowledged by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, an attorney admitted to the bar of the State of Connecticut, or a school nurse, but
3. did not present a written declaration from a physician, a physician assistant or an advanced practice registered nurse stating that additional immunizations are in process as recommended by such physician, physician assistant or advanced practice registered nurse, rather than as recommended under guidelines and schedules specified by the Commissioner of Public Health

shall comply with the immunization requirements provided for in Section I of these administrative regulations on or before September 1, 2022, or not later than fourteen (14) days after transferring to a program operated by a school under the jurisdiction of the District, whichever is later.

In accordance with state law, the Board Suffield Board of Education (“Board”) and the District shall not be liable for civil damages resulting from an adverse reaction to a nondefective vaccine required to be administered by state law.

If the parents or guardians of any child are unable to pay for any required immunization, the expense of such immunization shall, upon the recommendation of the Board, be paid by the town of the child’s residence.

The Board District designates the Director of Special Services ~~insert name of responsible staff member~~ as the representative for receipt of reports from health care providers concerning student immunizations.

The current required immunizations for elementary (including preschool), middle and high school students can be found at: https://portal.ct.gov/-/media/SDE/School-Nursing/Forms/Immunization_Requirements.pdf.

In implementing these regulations, the District shall consider state guidance and supporting documents and comply with applicable law.

- ~~— 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/DTaP 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.~~

~~a) For initial entry into school for kindergarten, regular and special education pre-school programs, grades 1-6: (continued)~~

- ~~• 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.~~

~~a) For initial entry into school for kindergarten, regular and special education pre-school programs, grades 1-6: (continued)~~

- ~~• 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.~~

~~**b) For entry into seventh (7th) grade:**~~

~~— All students in grades K-12 are required to show proof of 2 doses of measles, mumps, rubella vaccine at least 28 days apart with the first 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.~~

● ~~Proof of having received 2 doses of measles-containing vaccine.~~

~~— In those instances at entry to seventh grade, where an individual has not received a second dose of measles contained vaccine, a second dose shall be given. If an individual has received no measles-containing vaccines, the second dose shall be given at least 4 weeks after the first. (Students entering 7th-grade must show proof of having received 2 doses of measles-containing vaccine)~~

● ~~Proof of Varicella (Chickenpox) Immunity.~~

~~— (i) On or after August 1, 2011, two doses, given at least three (3) months apart, the first dose on or after the individual's first (1st) birthday and before the individual's thirteenth (13th) birthday or two doses given at least twenty-eight (28) days apart if the first dose was given on or after the individual's thirteenth (13th) birthday, or~~

~~— (ii) Serologic evidence of past infection, or~~

~~— (iii) 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)~~

- ~~Proof of at least three doses of Hepatitis B vaccine or show proof of serologic evidence of infection with Hepatitis B.~~
- ~~Proof of Diphtheria Pertussis Tetanus Vaccination (Adolescent Tdap Vaccine Requirement for Grade 7 Students)~~
 - (i) ~~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 recommended primary diphtheria, tetanus and pertussis containing vaccination series unless:~~
- ~~Proof of Diphtheria Pertussis Tetanus Vaccination (Adolescent Tdap Vaccine Requirement for Grade 7 Students) (continued)~~
 - (ii) ~~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 (C.G.S. 19a-7f)~~
- ~~Meningococcal Vaccine (MCV4) Required for Grade 7 Students~~
 - (i) ~~Effective August 1, 2011, one dose of meningococcal vaccine~~
- NOTE: Students must show proof of 3 doses of Hepatitis B vaccine or serologic evidence of infection to enter eighth grade.**
- ~~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 a school nurse from the parents or guardian of the child that such immunization would be contrary to religious beliefs of the child or his/her parents or 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.~~

III. Physical Examination

- 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, and gross dental shall be required for all new school enterers, and students in grade 6 or grade 7 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 or grade 9 or 10. Parents of students in grade 6 or grade 9 or 10 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 Superintendent or his/her designee, 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 (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.

The results of the risk assessment and testing, when done, should be recorded on the State of Connecticut Health Assessment Record (HAR-3) or directly in the student's Cumulative Health Record (CHR-1).

Health assessments completed within two calendar years of new school entry or grades 6 or grade 9 or 10 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 required asthma diagnosis shall occur at the time of mandated health assessment at the time of enrollment, in either grade 6 or 7, and in either grade 9 or 10. 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 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:

Vision Screening	Grades K, 1, 3, 4, & 5
Audiometric Screening	Grades K, 1, 3, 4, & 5
Postural Screening	Female students: Grades 5 & 7 Male students: Grades 8 or 9

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. The District shall provide a brief statement to parents/guardians of students not receiving the required vision, hearing or postural screening explaining why the student did not receive such screening(s).

(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.

Students eligible for free health assessments shall have them provided by the health services staff. 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.
- 7) All candidates for all athletic teams shall be examined annually by the designated school physician at a time and place determined by the Director of Athletics and/or coach.

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

Legal Reference: Connecticut General Statutes
 § 10-204a Required immunizations
 § 10-204c Immunity from liability
 Public Act No. 21-6, “An Act Concerning Immunizations”

Regulations of Connecticut State Agencies
 § 10-204a-2a Adequate Immunization

Letter to Superintendents of Schools et al. from Connecticut State Departments of Public Health and Education, *Reinstatement of Prekindergarten and Kindergarten School Immunization Entry Requirement for Haemophilus Influenza Type B (Hib) Vaccine*, June 25, 2010.

Letter to Superintendents of Schools et al. from Connecticut State Departments of Public Health and Education, *Changes in the Immunization Requirements for School Entry*, March 15, 2011.

State Department of Education, Guidance Regarding Public Act 21-6, “An Act Concerning Immunizations,” May 25, 2021.

Legal Reference:—— Connecticut General Statutes
 10-204a Required immunizations

~~10-204e 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 and PA 07-58)~~
~~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 96-229, An Act Concerning Scoliosis Screening and PA 15-215, An Act Concerning Various Revisions and Additions to the Education Statutes.~~
~~Department of Public Health, Public Health Code, 10-204a-2a, 10-204a-3a and 10-204a-4~~
~~20 U.S.C. Section 1232h, No Child Left Behind Act~~

Regulation adopted: November 18, 2008
Regulation revised: July 19, 2011, October 20, 2015

SUFFIELD PUBLIC SCHOOLS
Suffield, Connecticut

Suffield Public Schools
Department of Pupil Services
350 Mountain Road
Suffield, CT 06078

MEDICAL REFERRAL FOR POSTURAL EXAMINATION

Student's Name	DOB	Sex	Grade
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To the Parents/Guardians of the above listed student:

From: _____
School Nurse School Name

Address: _____

Telephone: _____

Fax: _____

Recently, your child participated in a postural screening to detect possible spinal problems in children. Your child was screened, and further evaluation is recommended. The following physical signs were observed:

	Left	Right
<input type="checkbox"/> Uneven Shoulders	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Uneven Shoulder Blades	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Uneven Waistline	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Uneven Hips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rib or Flank Fullness on Bending	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

I would like to emphasize that the examiner's recommendation is based on the above physical findings, which may be consistent with a curvature of the spine. A complete examination by your doctor is suggested to establish whether a spinal problem actually exists. If so, the doctor may wish to refer your child to an orthopedist for treatment. If you do not have a physician, please call me at the number below. I will assist you in making arrangements for proper follow-up.

The enclosed form should be given to the physician at the time of the evaluation with the request that it be completed and returned to me as soon as possible.

Sincerely,

School Nurse

Telephone No.

Suffield Public Schools
Department of Pupil Services
350 Mountain Road
Suffield, CT 06078

MEDICAL REFERRAL FOR HEARING EXAMINATION

Student's Name	DOB	Sex	Grade
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To the Parents/Guardians of the above listed student:

From: _____
School Nurse School Name

Address: _____

Telephone: _____

Fax: _____

Your child participated in our hearing screening program. This included pure tone audiometric screening at hearing levels required by Connecticut regulations and/or tympanometric screening for middle ear disease. Your child did not meet the criteria for passing the screening. This means that your child may have a hearing impairment or middle ear condition that requires further attention by one or more of the following: your physician; an ear, nose and throat doctor; and/or an audiologist.

<input type="checkbox"/> Initial audiometric screening	Date	Right _____
		Left _____
<input type="checkbox"/> Audiometric re-screening	Date	Right _____
		Left _____
<input type="checkbox"/> Tympanometric screening	Date	Right _____
		Left _____
<input type="checkbox"/> Tympanometric re-screening	Date	Right _____
		Left _____

COMMENTS FROM SCHOOL PERSONNEL: (e.g., history of performance on previous hearing screenings; medical history of middle ear problems; learning performance or behavior in the classroom)

Please take this information, along with the attached Physician's Medical Report form to your physician for completion and return to school.

Suffield Public Schools
Department of Pupil Services
350 Mountain Road
Suffield, CT 06078

MEDICAL REFERRAL FOR VISION EXAMINATION

Student's Name	DOB	Sex	Grade
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To the Parents/Guardians of the above listed student:

From: _____
School Nurse School Name

Address: _____

Telephone: _____

Fax: _____

Recently we have administered vision screening tests to students in our school. Based on these test results, it would be desirable for your child to have a thorough vision examination. Therefore, it is suggested that you take her or him to an eye specialist (ophthalmologist, optometrist) for further examination or that you follow the recommendations of your family physician.

Date of Test	Right	Distance Visual Acuity:	Left
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Glasses worn for test:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Glasses worn for test:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Other Symptoms:

(Over)

Physician's Medical Report/Vision Examination

Student's Name	DOB	Sex	Grade
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	Distance Vision		Near Vision	
	Without Correction	With Correction	Without Correction	With Correction
A. Right Eye	_____	_____	_____	_____
Left Eye	_____	_____	_____	_____
B. Type of Eye Problem:	_____			
C. Glasses needed:	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
To be worn:	Constantly <input type="checkbox"/>	Classroom <input type="checkbox"/>	Distance <input type="checkbox"/>	Close Work <input type="checkbox"/>
D. Re-examination advised in:	_____			
E. Eye Muscle Coordination:	Adequate <input type="checkbox"/>			
Remarks:	_____			
F. Ability to change focus quickly and easily: (Example: chalkboard to book)				
Adequate <input type="checkbox"/>	Remarks: _____			
G. Ability to maintain focus at reading distance:	Adequate <input type="checkbox"/>			
Remarks:	_____			
H. Color Vision: Normal <input type="checkbox"/>				
Remarks:	_____			
I. Physical Activity: Restricted <input type="checkbox"/>				
Remarks:	_____			
Other Comments:	_____			

Signature of Examiner:	_____			
Date of Examination:	_____			

Please forward this report to school nurse, address on other side.