

## **STUDENT HEALTH SERVICES, HEALTH ASSESSMENTS, AND IMMUNIZATIONS**

### **Policy Statement**

The Trumbull Board of Education is committed fostering the growth, development and educational achievement of Trumbull Public Schools' students by promoting their health and well-being. As such, Trumbull Public Schools and the Connecticut General Statutes require students to have access to certain assessments, including required immunizations, conducted by a physician, physician assistant, advanced practice registered nurse, or local health agency. In accordance with Connecticut General Statutes, the Board also recognizes the importance of oral health assessments and adheres to all relevant State laws and regulations.

The Board of Education shall provide required assessments, and immunizations without charge to all students whose parents or guardians meet the income eligibility requirements for free and reduced-price meals under the National School Lunch Program. The Board may utilize existing community resources and services to meet this obligation.

Adopted: 04/07/1981  
Revised: 05/20/1986, 01/07/1992,  
05/20/2003, 08/02/2004, 10/02/2007,  
1/5/2016, 8/28/2018, 5/26/2020,  
11/15/2022

**5141.3/Student Health Services,  
Health Assessments, and Immunizations**

**Student Health Services**

**School District Medical Advisor**

The Board of Education (Board) shall appoint a school district medical advisor

The school district medical advisor in collaboration with the Director of Nursing, in cooperation with the Board and the board of health/health department for the school district shall:

1. Plan and administer each school's health program,
2. Advise on the provision of school health services,
3. Provide consultation on the school health environment, and
4. Perform any other duties as agreed between the advisor and the appointing board of education.

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 students;
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 health office. 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.

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**Legally Qualified Physician**

State law requires the health assessment must be completed by one of the following medical personnel of the parents or guardians choosing; a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, physician assistant, licensed pursuant to chapter 370, school medical advisor or a legally qualified practitioner of medicine, and advanced practice registered nurse or a physician assistant stationed at any military base (C.G.S Secs 10-204a and 10-206) “legally qualified physician.”

**Regular Health Assessments**

Physical Exams with up-to-date immunizations are required at all of the following times:

- Prior to enrollment in school for any grade
- When transferring into the district in any grade
- Prior to entry and annually when attending Pre-School
- Prior to entering Kindergarten (If students enter Kindergarten as a 4-year-old, they must submit proof of their 4-year-old physical and all required immunizations prior to starting school and then must in addition submit a completed 5-year-old physical within 30 days of the child's 5th birthday in order to continue to attend.

In order 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.

Such health assessment shall include:

1. Physical examination which shall include all mandatory assessment areas included on the Health Assessment Record (K-12) and the Early Childhood Assessment Record as denoted by “Note: \*Mandated Screening/Test to be completed by provider” and a chronic disease assessment;
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 must have been performed within 365 days of the first day the student will attend school and shall also be required again during in grades 3, 6 and in grades 9 by a legally qualified physician of each student’s parents or guardians own choosing, to ascertain whether a student has any physical disability or other health problem. Such health assessments shall include:

1. Physical examination which shall include all mandatory assessment areas included on the

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Health Assessment Record (K-12) and the Early Childhood Assessment Record as denoted by “Note: \*Mandated Screening/Test to be completed by provider.

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 “Required Connecticut Vaccinations;”
3. Vision, hearing, postural, and gross dental screening;
4. Students born in high-risk countries and entering school in Connecticut for the first time should receive either TST (tuberculin skin test) or IGRA (interferon gamma release assay). Any individual found to be positive shall have an appropriate medical management plan developed that includes a chest radiograph. Students not already known to have a positive test for tuberculosis shall be tested if they meet any of the risk factors for TB infection, as described in the administrative regulations accompanying this policy.
5. Any other information including a health history as the physician believes to be necessary and appropriate.

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.

The Board of Education recognizes that school nurses are qualified to receive and review 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 in the Cumulative Health Record of the student 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.

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

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### **Screenings**

If a parent/guardian does not want a student to participate in any of the screenings they must notify the school nurse in writing every school year at the beginning of the year. Any of the mandated screenings which are documented on a Physical Examination form performed during the current school year will be used as the valid screening for that year.

### **Vision Screening**

All students in grades K, 1, 3, 4, & 5 will be screened, by a school nurse or school health aide. A Snellen chart or equivalent screening device or an automated vision screening device may be used for such vision screening. Additional vision screening may 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 a written notice will be given to the parent or guardian of each student who was unable to be tested or 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.

### **Hearing Screening**

All students will be screened for possible hearing impairments in grades K, 1, 3, 4, & 5. Additional audiometric screening may 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 and a written notice will be given to the parent or guardian of each student who was unable to be tested or 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.

### **Postural Screening**

School nurses will screen all female students in grades 5 and 7 and male students in grade 9 for scoliosis or other postural problems. Additional postural screening will may 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 and written notice will be given to the parent or guardian of each student who was unable to be screened or 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.

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**Tuberculin Testing**

**Note:** *The Connecticut Department of Public Health discourages routine TB testing of all students at school enrollment or for any of the required health assessment. It is recommended that students, at each mandated health assessment, be screened for their risk of exposure to TB. A child, determined to be at risk for exposure to TB should be required to be tested.*

Students born in high-risk countries who are entering schools in Connecticut for the first time should receive either a TST (tuberculin skin test) or an IGRA (interferon-gamma release assay). Anyone found to be positive shall have an appropriate medical management plan developed that include a chest radiograph.

A test for tuberculosis should be performed if any of the following risk factors prevail:

1. birth in a high-risk country of the world (see list of countries in Appendix) 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 a 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 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 an 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).

**Immunizations/Vaccinations**

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

1. Measles	6. Pertussis	11. Varicella (chickenpox)
2. Rubella	7. Mumps	12. Hepatitis A
3. Poliomyelitis	8. Haemophilus influenzae Type B	13. Pneumococcal disease
4. Diphtheria	9. Any other vaccine required by Section 19a-7f of Connecticut General Statutes	14. Influenza
5. Tetanus	10. Hepatitis B	15. Meningococcal disease

**Immunizations/Vaccinations (continued)**

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

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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. A written statement was filed and received by the school district 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 and such religious exemption was granted prior to April 28, 2021 (by midnight April 27, 2021). Such student retains this exemption through grade twelve, even if the student transfers to another school in Connecticut; (see not below for additional information) or
4. In the case of a child enrolled in pre-school or pre-kindergarten on or before April 28, 2021 whose parent/guardian appropriately submitted a statement necessary for the religious exemption shall have until September 1, 2022 to comply with Connecticut's required immunizations or within fourteen days after transferring to a different public or private school, whichever is later. The deadline for such pre-school/pre-K 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, 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 influenzae type B has passed his or her fifth birthday; or
7. 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).

**Note:** To be eligible for religious exemption, a child is considered enrolled in school on or before April 28, 2021 as a parent/guardian provides documentation, consistent with District policy, establishing that such child is eligible to attend school in the district in the current or upcoming school year based upon age and residency, and that the family intends for the child to do so, whether the District refers to eligibility as "registration" or "enrollment." Families that took such steps, on or before April 28, 2021, toward having children attend Kindergarten for the 2020-2021 school year would be considered enrolled in the District as a Kindergarten student. Such a student would be eligible for a religious exemption if the student also provided a valid religious exemption statement by midnight on April 27, 2021. Students must meet both conditions in order to be eligible for a religious exemption (CSDE Guidance-5/25/21).

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

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defined reportable communicable diseases.

### **Oral Health Assessments**

Parents are encouraged to have oral health assessments for their child(ren) prior to public school enrollment, and during well child physicals during grades 3, 6 and 9. 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.

A child's public-school enrollment continued attendance shall not be denied for his/her failure to receive the oral health assessment.

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.

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.

### **Health Assessments/Interscholastic Sports Programs**

Any student participating in an interscholastic sports program must have a health assessment, within the past thirteen months prior to the first training session for the sport or sports. After the initial examination, repeat examinations are required every thirteen months. Each participant in a sport program must complete a health questionnaire before participating in each sport.

Parents are expected to use the services of their private physician. If a student is unable to obtain a health assessment from his/her personal physician for financial reasons, an examination can be arranged with school medical advisor. Health assessment results shall be recorded on forms provided by the Connecticut State Board of Education, signed by the examining physician, school medical advisor or advisor's designee, filed in the student's health folder, and maintained up to date by the school nurse.

Coaches and physical education staff shall insure appropriate monitoring of an athlete's physical condition.

### **Student Medical Care at School**



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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 emergency contact information 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 within the student's Emergency Information.

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The district director of nursing will annually review the Connecticut general statutes and inform the Board of Education Policy Subcommittee of any needed updates to this policy and its regulation.

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/DTaP vaccine (Diphtheria - Pertussis - Tetanus). At least one dose is required to be administered on or after the 4<sup>th</sup> 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 4<sup>th</sup> 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.

**Regulations for Health Assessments and Immunizations** (continued)

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**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 1<sup>st</sup> 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 1<sup>st</sup> 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 7<sup>th</sup> 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.

**Regulations for Health Assessments and Immunizations** (continued)

- 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.
    - (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) 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 (7<sup>th</sup>) 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 (1 <sup>st</sup> ) birthday, or laboratory confirmation of immunity confirmed in writing by a physician, physician assistant or advanced practice registered nurse.
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**Regulations for Health Assessments and Immunizations**

**b) For entry into seventh (7<sup>th</sup>) grade: (continued)**

- 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 7<sup>th</sup> grade must show proof of having received 2 doses of measles-containing vaccine)

- Proof of Varicella (Chickenpox) Immunity.
  - (i) Two doses, given at least three (3) months apart, the first dose on or after the individual's first (1<sup>st</sup>) birthday and before the individual's thirteenth (13<sup>th</sup>) 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 (13<sup>th</sup>) 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) An individual eleven (11) years of age or older, enrolled in the seventh (7<sup>th</sup>) 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:

**Regulations for Health Assessments and Immunizations (continued)**

**b) For entry into seventh (7<sup>th</sup>) grade - (continued)**

- 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) 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;

**Regulations for Health Assessments and Immunizations**

- (iv) enrolled in kindergarten through twelfth grade on or before April 28, 2021 and whose parents/guardians had presented a religious exemption written request before April 28, 2021 will be permitted continued use of the exemption even if such child transfers to another school in Connecticut.

Any child enrolled in pre-school or pre-kindergarten on or before April 28, 2021 whose parents/guardian submitted the statement necessary for the religious exemption will have until September 1, 2022 to comply with Connecticut's required immunizations, or within fourteen days after transferring to a different public or private school program, whichever is later. The deadline for such pre-school or pre-K student to comply 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.

- (iv) 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.

- 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, and students in grade 6 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 Board of Education, after consultation with the school medical advisor and the local health department, determine such tests are necessary.

### **Regulations for Health Assessments and Immunizations**

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 one calendar year 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 report on a triennial basis beginning October 1, 2017 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 grade 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



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assessment-related exclusion within five days of final exclusion notice.

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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	Grades 5 and 7 for female students Grades 8 or 9 for male students

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.

(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. A written notice shall be given 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 for the student to be examined by a licensed optometrist or licensed ophthalmologist. A written statement shall also be provided to the parent/guardian of any student who did not receive the vision screening with a brief statement explaining the reason.

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 #5125.11- Health/Medical Records.
- 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.

**5141.3/Student Health Services,  
Health Assessments, and Immunizations**

**Regulations Health Assessments and Immunizations (continued)**

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 of 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.

**Oral Health Assessments Regulations**

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.

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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  
10-203 Sanitation.  
10-204a Required immunizations, as amended by PA 15-174, PA 15-242 & PA 21-6 An Act Concerning Immunizations  
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 An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes, Sections 7-9, 539 & 540.  
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)