



ST. MARK'S SCHOOL

Health Services

RETURNING
STUDENT
Health Forms



ST. MARK'S SCHOOL

Health Forms

Health Services:
25 Marlboro Road
Southborough, MA 01772
508.786.6372
www.stmarksschool.org

Here's what's included in the Returning Students Health Packet:

- | Parent Cover Letter
- | Special Notice
- | Massachusetts School Immunization Requirements 2023/2024
- | Health Record Forms (3 pages)
- | Returning Student Physical Exam
- | Health Insurance Verification Form (Domestic Students Only)
- | Walgreens Form
- | Massachusetts Immunization Information (MIIS) Fact Sheet
- | Medication Order Form

ST. MARK'S SCHOOL

May 2023

Dear Parents,

As we finish this school year, plans are already underway for the upcoming 2023/2024 year.

FORMS INCLUDED IN THIS ELECTRONIC PACKET FOR **ALL STUDENTS** ARE:

- Special Notice with important updated information
- St. Mark's Health Record Form COMPLETE AND RETURN IMMEDIATELY
- Physical Exam Form RETURN BY EMAIL AFTER CURRENT EXAM* IS COMPLETED
- Medication Order Form REQUIRED FOR ALL PRESCRIPTION MEDICATIONS ONLY
 - please make additional copies for each medication
- Health Insurance Verification Form COMPLETE AND RETURN IMMEDIATELY
(Domestic Students Only)
 - please include a copy of front and back Insurance Cards

IN ADDITION, **NEW STUDENTS** RECEIVE:

- Authorization For Use/Disclosure of Health Information RETURN IMMEDIATELY
- Transportation Permission to Planned Parenthood RETURN IMMEDIATELY
- Meningococcal Disease/Vaccine/Waiver Form RETURN IMMEDIATELY IF APPLICABLE
- Massachusetts Immunization Requirements FOR YOUR REFERENCE

*NOTE: A Current Physical Exam is an exam completed within 1 year, prior to the date of arrival at school.

EXAMPLE: If your child's most recent physical exam was done in October, 2022 then this exam is acceptable to begin the 2023/2024 school year, however a copy of the October, 2023 physical exam must be forwarded to Health Services upon completion.

- **NEW STUDENTS:** Send a copy of **Immunization Record** (complete, with month & year),
- **NEW STUDENTS:** A **PPD/Mantoux Test** (Tuberculosis Screening) done within one (1) year of their arrival at St. Mark's School is **required**. **Important Notice** included in Health Packet
An indication by the physician of "Low Risk" is not acceptable.
- **QUESTIONS:** If you have any questions over the summer, please email
ADRIA PAVLETIC: adriapavletic@stmarksschool.org or
LESLIE DOWST: lesliedowst@stmarksschool.org

→ All forms need to be returned via email to lesliedowst@stmarksschool.org or faxed to 508-786-6010.

Have a healthy and restful summer,

Adria Pavletic, RN, MA, MN, NCSN
Director of Health Services

SPECIAL NOTICE

- ➔ All Health Record Forms are to be returned via email to lesliedowst@stmarksschool.org or faxed to 508-786-6010.

- ➔ **Health Record Form** (Page 1)
Alternate Contact - this section of the form must be completed with a local contact who would be able to pick up your student in case of illness or emergency

- ➔ **Immunization Update - MENINGOCOCCAL BOOSTER**
All students entering 5th & 6th Form (grades 11 & 12) will need meningococcal conjugate vaccine, MenACWY (brand names Menveo, Menactra, or MenQuadfi) for school entry. All students, regardless of grade level, are required to have 1 booster dose of MenACWY once they are 16 years of age. (1 or more doses of MenACWY are acceptable as long as 1 dose was received on or after 16 years of age.) This is a Massachusetts School Immunization requirement.

- ➔ **Flu Immunizations**
Once again St. Mark's School will be requiring the seasonal flu immunization for the academic year 2023/2024, to be completed by all students prior to return to campus in the Fall of 2023. This is most easily completed at any of the chain pharmacies (CVS, Walgreens, Target).

Massachusetts School Immunization Requirements 2023-2024

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

Grades 7 – 12[†]

In ungraded classrooms, Grade 7 requirements apply to all students ≥ 12 years.

Tdap	1 dose; and history of DTaP primary series or age-appropriate catch-up vaccination. Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥ 10 years since last Tdap
Polio	4 doses; fourth dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose
Hepatitis B	3 doses; laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Meningococcal Requirements

Grade 7-10	1 dose; 1 dose MenACWY (formerly MCV4) required. Meningococcal B vaccine is not required and does not meet this requirement
Grade 11-12 [‡]	2 doses; second dose MenACWY (formerly MCV4) must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

†Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is < 18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

‡ Students who are 15 years old in Grade 11 are in compliance until they turn 16 years old.

ST. MARK'S SCHOOL

HEALTH RECORD FORM

Students with incomplete health records will not be allowed to participate in any activities, including sports. This form **MUST** be returned to **Health Services, St. Mark's School, Southborough, MA 01772** **no later than JULY 1st.**

STUDENTS's Name _____ Date of Birth _____
Last First Middle

Home Address _____
Number and Street City State Zip

Student Cell Phone _____

PARENT #1 Name _____ Date of Birth _____

Home Address _____ Res. Phone _____

E-Mail _____ Cell Phone _____

PARENT #2 Name _____ Date of Birth _____

Home Address _____ Res. Phone _____

E-Mail _____ Cell Phone _____

ALTERNATE responsible person (not a parent) to be contacted if parent or guardian is unavailable:

Address _____ Phone _____

INSURANCE PREAUTHORIZATION/REFERRAL REQUIRED? **YES** **NO**

Health Insurance Company/HMO _____

Name of Subscriber _____ Subscriber's Date of Birth _____

Subscriber's Employer _____ ID/Group Number _____

PARENT PERMISSION:

I hereby consent for St. Mark's School Health Services, or designated health care providers, to carry out accepted procedures for diagnosis and treatment of medical conditions, athletic injuries, dental injuries, counseling services, and medication administration for my daughter or son, _____ (Student Name). Any required immunizations that are not complete may be administered at Health Services. Furthermore, I understand that the exchange of pertinent medical, psychological, and health insurance information may be necessary when providing care with an outside provider or through an off-campus facility. Faculty and other school personnel will be informed of any life-threatening allergies, medical conditions, and psychological issues which may require treatment as deemed necessary by Health Services.

Please sign and date below, to complete this authorization.

Parent/Guardian Signature _____ Date _____

ST. MARK'S SCHOOL

HEALTH RECORD FORM *continued*

Student Name: _____ Date of Birth: _____

Parents/Students PLEASE COMPLETE THE FOLLOWING:

Primary Care Physician: _____ Phone: _____

PLEASE LIST CURRENT MEDICATIONS:

COVID-19 INFORMATION			
Has your child been diagnosed with COVID?	Diagnosis Date:	Residual Effects:	
Has your child received the COVID vaccine?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Vaccine Manufacturer:	<input type="checkbox"/> Moderna	<input type="checkbox"/> Pfizer	<input type="checkbox"/> J & J <input type="checkbox"/> Other
Date(s) of Vaccine: Dose #1:	Dose #2:	Dose #3: BOOSTER	Dose #4: BOOSTER

Please comment on all “Yes” answers in the space provided below.
Please include dates and duration of condition if applicable.

MEDICAL HISTORY	YES	NO	PLEASE EXPLAIN
Allergies – Please describe reactions			
			Food: Medication: Environmental: EpiPen:
Cardiovascular Issues (fainting, palpitations, blood pressure)			
Respiratory Issues (asthma, bronchospasms)			
Musculoskeletal Issues (Osgood Schlatters, scoliosis)			
Gastrointestinal/Digestive Issues (special diet, lactose intolerant)			
Genitourinary/Menstrual Issues			
Metabolic/Endocrine Issues (diabetes, thyroid)			
Neurologic Issues (epilepsy, seizures, migraine headaches)			
Sensory Issues (vision, hearing, speech)			
Skin Issues (acne, eczema)			
Dental Issues (braces, retainer, implants)			
Hospitalizations			
Surgeries			
Orthopedic Injuries (fracture, sprain, strain)			
Head Injuries (concussion)			
Loss/Compromise of Any Paired Organ (kidney, lung)			
Recurrent Infections (strep throat, tonsillitis, pneumonia)			

PERSONAL HISTORY	YES	NO	PLEASE EXPLAIN
Has physical activity been restricted during the past five (5) years? (Give reasons and durations)			
Received counseling or treatment for an emotional, anxiety, or other psychological concerns?			
Diagnosed with learning differences? (ADD, ADHD, LD)			
Consulted or been treated by a clinic, physician, healer, or other practitioner within the past five (5) years?			
Concerns about activities of daily living? (sleep, diet)			
Concerns about tobacco, alcohol, or other drug use?			
Concerns about issues related to sexual health? (STD, STI, contraception)			

HEALTH RECORD FORM *continued*



PHYSICAL EXAM STATUS

NOTE: This Health Record Form **must** be returned to St. Mark's School Health Services no later than July 1st. If your child's next Physical Exam is scheduled at a later date, please indicate the date of the next scheduled Physical Exam below.

DATE OF NEXT SCHEDULED PHYSICAL EXAM: _____

MEDICATION INFORMATION:

All prescription medications must be checked-in through Health Services. A Medication Order Form, signed by the prescribing physician, must accompany all prescription medications. This is both a health and safety issue.

All regulated medications, including psychotropic medications, antidepressants, and narcotics will be kept in and administered from Health Services only.

Students will be allowed to keep the following prescription medications in their dorm rooms after consulting with Health Services: Epi-Pens, inhalers, asthma/allergy medications, birth control pills, and acne treatments.

Students will also be allowed to keep the following over the counter (OTC) medications in their room: analgesics such as Tylenol (acetaminophen) and Advil (Ibuprofen), cold medicines, antacids, vitamins, and herbal supplements.

These OTC medications are also available at Health Services.

The following protocol will be used for students who are non-compliant in taking their prescribed medications:

1. Student will be contacted after first missed dose.
2. Parent will be contacted if no response from student or following second missed dose.
3. Physician will be contacted if there is no resolution from the parents.

DISPENSING PRESCRIPTION MEDICATIONS: The Massachusetts Board of Nursing Registration and the Massachusetts Department of Public Health prohibit nurses from dispensing medications. Therefore, parents must make arrangements to keep a supply of their child's prescription medications at home for the vacation breaks. If a parent chooses, they may pick-up the entire supply of medications to take home over vacation. Parents are responsible for re-supplying Health Services with the needed medications following the break. Students are not allowed to carry regulated, prescription medications to and from school.

→ Medications NOT checked-in with Health Services will be considered contraband and will result in disciplinary consequences.

ST. MARK'S SCHOOL

To be completed by the Physician

Physical Exam Form

RETURNING STUDENT

Student's Name: _____ Date of Birth: _____ Sex: M ___ F ___

INTERVAL HISTORY: ILLNESS OR INJURY	Current Medications
<p>ALLERGIES:</p> <p>EPI-PEN: YES _____ NO _____</p> <p>RECENT ILLNESS OR INJURY:</p>	

ADDITIONAL RECENT IMMUNIZATIONS –

Date Given: _____

Covid Vaccine	(1)	(2)	(3) BOOSTER	(4) BOOSTER	
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PHYSICAL EXAM – DATE OF VISIT:

Date: _____ Height: _____ Weight: _____ BP _____ Vision: R _____ L _____

Significant physical and laboratory findings:

EXAM WAS NORMAL UNLESS ABNORMALITIES ARE LISTED BELOW.

This student may participate in all activities and competitive sports unless noted above.

Examining Physician (Print Name): _____ Signature: _____

Address: _____ Date: _____

Physician Telephone: _____ Physician Fax #: _____

Physician E-Mail: _____

Health Insurance Verification Form 2023/2024 (DOMESTIC STUDENTS ONLY)

St. Mark's School requires that every student be covered by a comprehensive illness/injury plan that provides coverage for medical care while a student attends the school and is accepted by local practitioners. This requirement is designed to ensure the health and well-being of our students, and to comply with Massachusetts Law. Many U.S. families are insured under managed care programs such as HMOs and PPOs. These "network" plans often create obstacles such as up-front deductibles and co-payments if care is rendered away from home.

It is important to review carefully any coverage restrictions that may exist for students while away at school. It is imperative and incumbent on you to contact your insurance company to discuss coverage options and procedures if your child needs care while at St. Mark's and what deductibles and co-payments may be required when your child is away from home.

While basic services can be provided by the St. Mark's School Health Services, emergency services, laboratory and diagnostic tests, prescriptions, and specialty care are not provided on campus. Questions to ask your insurance provider:

- 1. Is Emergency Care covered in Massachusetts? Yes No
2. Is Specialty Care covered in Massachusetts? Yes No
3. Are Prescriptions covered? Yes No Which Pharmacy(ies)?
4. Are Diagnostic Tests covered when ordered by a provider outside of the Emergency Room? Yes No

If your answers to these questions suggest that your coverage is limited to your local geographic area or only provides emergency coverage out of state, we suggest that you visit the Massachusetts Health Connector at https://mahealthconnector.org/help-center to research local options. If you qualify for a subsidized insurance program in your home state, it is likely that your child will qualify for subsidized insurance in Massachusetts as well. Your child's change in residence to Massachusetts in September is a qualifying event that will allow them to enroll outside of the open enrollment period.

Once you have verified that your health insurance will work away from home or after securing the appropriate insurance for your child, please complete and sign the bottom portion of this form.

Please attach a copy (front and back) of the insurance card and prescription card (if different) to this document. Please return the completed form and copies of the insurance cards to Health Services.

I have attached a copy of my insurance card(s): [] PLEASE INITIAL

INSURANCE COMPANY NAME POLICY NUMBER PHONE NUMBER

PRIMARY INSURANCE HOLDER NAME PRIMARY INSURED DATE OF BIRTH

In making this selection, I accept full responsibility for all medical costs incurred by my child.

NAME OF STUDENT SIGNATURE OF PARENT OR GUARDIAN DATE



Dear Parents,

At Walgreens, patient care is our top priority. Should your child require medication while attending St. Mark's School, you can count on us to provide an exceptional level of personalized service – Including direct billing.

It's easy for you to take advantage of our direct bill service. All you need to do is provide us with some basic information. We'll then bill your insurance and/or credit card or flex spending account. While St. Mark's School will distribute the medication as directed; there's no need for your child to bother with cards or money

If you have any questions, please call Walgreens Pharmacy at 508-460-5323. We look forward to working with you and your child.

Sincerely,

Walgreens Pharmacy at Southboro Medical Group
24 Newton St
Southboro MA 01772

If you wish to be billed for your child's medication, please fill out the form below and return it to **St. Mark's School Health Services.**

STUDENT NAME _____

STUDENT DATE OF BIRTH _____

Check here if student has school insurance (NO NEED TO PROVIDE INSURANCE INFORMATION)

PRESCRIPTION INSURANCE PLACE NAME _____

RX BIN _____ **RX PCN** _____

ID# _____ **RX GROUP** _____

PRIMARY CARD HOLDER _____ **CARD HOLDER DOB** _____

BILL TO (ENTER ONE) Credit Card: **Account Number** _____

Expiration Date _____ **Billing Zip Code** _____

Flex Spending: **Account Number** _____

Expiration Date _____ **Billing Zip Code** _____

HOME PHONE NUMBER: _____ **TODAY'S DATE** _____

PARENT NAME (PLEASE PRINT): _____

PARENT SIGNATURE: _____

Massachusetts Immunization Information System (MIIS)

Fact Sheet for Parents and Patients

The MIIS is a new statewide system to keep track of immunization records for you and your family. These records list the vaccinations (shots) you and your children get to protect against measles, chickenpox, tetanus, and other diseases. The goal is to make sure that everyone in Massachusetts is up-to-date with their shots and that your records are available when you need them – such as when your child enters school, when you need emergency medical help, or when you change healthcare providers.

What is the MIIS?

- A computerized system that collects and stores basic immunization information for people who live in Massachusetts.
- A secure and confidential system, as required by Massachusetts law.
- A system that is available for people of all ages, not just children.

How will it help me?

The MIIS:

- Helps you and your family get the best care wherever you go for your healthcare.
- Makes sure that you and your children don't miss any shots or get too many.
- Can print a record for you or your children when you need it - if you move, if your doctor retires, or when your child starts school or camp.

Why is this important?

As you know, the schedule of shots needed to keep healthy can be very complicated. The MIIS:

- Helps your healthcare provider keep track of which shots are due and when they should be given.
- Keeps all your immunization records together for you, your family, and your healthcare provider.
- Provides proof of vaccination for your children.
- Helps prevent outbreaks of disease like measles and the flu in your community.
- Keeps shot records safe during natural disasters such as flooding or hurricanes.

What information is kept in the MIIS?

- A list of shots that you or your children have received as well as any that you or your children get in the future.
- Information needed for safe and accurate immunization of each patient, such as:
 - Full name and birth date.
 - Gender (male or female).
 - Mother's maiden name (for children).
 - Address and phone number.
 - Provider office where each shot is given.

How does this information get into the system?

- Information about children is added when a child is born or when a child gets his or her first shots.
- Your healthcare provider can add your records or your family's records if they are not already in the MIIS.

Massachusetts Immunization Information System (MIIS) *continued*

Who has access to my records?

- The Department of Public Health (DPH) uses modern technology to make sure that all information entered into the MIIS is kept secure and confidential.
- The information in the MIIS is only available to:
 - Healthcare providers or others ensuring appropriate immunization, as authorized by DPH.
 - Schools.
 - Local boards of health.
 - DPH, including the WIC program, and other state agencies or programs, that provide education and outreach about vaccines to their clients.
 - Studies specially approved by the Commissioner of Public Health which meet strict legal safeguards.

What if I don't want to participate?

- You have the right to not participate at any time.
- To not participate, you need to fill out the 'Objection or Withdrawal of Objection to Data Sharing' form which you can get from your healthcare provider.
- If you decide not to participate, you will not have access to the benefits of the MIIS, like shared records about immunizations with schools and emergency rooms, and a complete record of shots in a single place.
- If you choose not to share your information, only your current healthcare provider will be able to see the shots they have given to you or your children, but not your complete immunization history.

How can I get more information?

Please visit our website at www.mass.gov/dph/miis, contact the Massachusetts Immunization Program directly at 617-983-6800 or 888-658-2850, or ask your healthcare provider for more information.

Medication Order Form

To be completed by Licensed Prescriber: Physician, Nurse Practitioner, or others
authorized by Massachusetts General Laws, Chapter 94C.

NAME OF STUDENT: _____ DATE OF BIRTH: _____

ADDRESS: _____ GRADE: _____

NAME OF LICENSED PRESCRIBER: _____

ADDRESS OF PRESCRIBER: _____

BUSINESS TELEPHONE: _____ FAX NUMBER _____

DIAGNOSIS: _____

Any other medical conditions: _____

MEDICATION: _____ Strength: _____

Dosage: _____ Frequency: _____

Route of Administration: _____

Specific instruction/information for administration: _____

Date of Order: _____ Discontinuation Date: _____

OPTIONAL INFORMATION:

Side effects, contraindications, or possible adverse reactions to be observed for: _____

Other medication being taken by the student: _____

Date of next scheduled visit/advised return by Prescriber: _____

Consent for self-administration

(provided the School Nurse determines it safe and appropriate: YES _____ NO _____)

Signature of Licensed Prescriber: _____

Date: _____

ST. MARK'S SCHOOL

Contact Health Services

ADRIA PAVLETIC
adriapavletic@stmarksschool.org

LESLIE DOWST
lesliedowst@stmarksschool.org

fax: 508-786-6010
phone: 508-786-6000

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