



Dear Parents/Guardians;

We are reaching out to notify you of the expectations for your student entering the McKeesport Area School District for the first time this year. There have been recent changes to the vaccination/testing requirements for children that are mandated by the state and or Allegheny Health Department.

- ***PA law requires that within 5 days of starting school, the nurse's office must be provided with proof that your child has received ALL "Required Vaccines."***
- ***The Allegheny Health Department mandates that prior to admission to kindergarten your child must have received "ALL Required Vaccines as well as Lead testing"***

Your child ***will not be permitted*** to start school if he or she does not have the required vaccines. The only exceptions will be for you to provide the school nurse's office with:

- a specific medical plan signed by your health care provider that your child is receiving immunizations.
- complete either medical/religious/philosophical exemption form that must be signed and dated prior to the start of school.

**ALL STUDENTS GRADES K THROUGH 5 MUST HAVE THE FOLLOWING:**

1. 4 Doses of DTaP / DTP / Td or DT- diphtheria/tetanus  
***(one dose given on or after your child's 4<sup>th</sup> birthday)***
2. 4 doses of Polio (IPV)  
***(one dose given on or after your child's 4<sup>th</sup> birthday)***
3. 2 doses of MMR (measles/mumps/rubella)
4. 2 doses of Varicella (chicken pox) or proof of immunity
5. 3 doses of Hepatitis B

All students entering kindergarten are also required to have proof of Lead testing prior to admission to school. ***See the accompanying verification form that must be provided to the school nurse's office. This form is to be completed by your medical provider unless some other form of proof is given.***

***The attached form can be returned using one of the following methods:***

- ***Bring in or mail to 3590 O'Neil Blvd.- Attention Mrs. Cheryl Stokes***
- ***Fax to 412-664-3766- Attention Mrs. Cheryl Stokes***
- ***E-mail to Mrs. Cheryl Stokes at [cstokes@mckasd.net](mailto:cstokes@mckasd.net)***

Thank you for your cooperation. Our goal is to assure each and every child in the district is protected from communicable disease!

Should you have any questions please call the main office at either building and the nursing staff will contact you.

Thank you,

Antonietta Stolic, RN, BSN, CSN

Certified School Nurse



**Allegheny County Health Department**

**Lead Testing Record**

*To be filled out by parent or guardian*

Student first and last name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: PA Zip code: \_\_\_\_-\_\_\_\_

Parent or guardian name: \_\_\_\_\_

\_\_\_\_\_

*To be filled out by health care provider*

Date of most recent lead test: \_\_\_\_/\_\_\_\_/\_\_\_\_

X \_\_\_\_\_

**Signature (PLEASE CIRCLE - physician, certified registered nurse practitioner, physician assistant, health department staff)**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If exemption is requested, please fill out back of form.**

**Other acceptable proof of testing: any written statement by the child's health care provider.**

**Allegheny County Health Department**

**Statement of Exemption to Lead Testing Regulation**

*To be filled out by parent or guardian*

Student first and last name: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: PA Zip code: \_\_\_\_\_ - \_\_\_\_\_

Parent or guardian name: \_\_\_\_\_

**Religious or Strong Moral/ Ethical Conviction Exemption**

State your reason/s for requesting this exemption (required): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
(Parent or guardian)

Date \_\_\_/\_\_\_/\_\_\_

*To be filled out by health care provider*

**Medical Exemption**

The physical condition of the above-named child is such that blood lead testing may be detrimental to his/her health.

Signed \_\_\_\_\_  
(Physician)

Date \_\_\_/\_\_\_/\_\_\_