Students

Health Assessments and Immunizations

The Board of Education recognizes the importance of periodic health assessments according to state health regulations.

To determine health status of students, facilitate the removal of disabilities to learning and find whether some special adaptation of the school program may be necessary, the Board of Education requires that students have health assessments.

The Board of Education adheres to those state laws and regulations that pertain to school immunizations and health assessments. It is the policy of the Board of Education to insure that all enrolled students are adequately immunized against communicable diseases. The Board may deny continued attendance in school to any student who fails to obtain the health assessments required under C.G.S. 10-206, as may be periodically amended.

The Board of Education shall annually designate a representative to receive reports of health assessments and immunizations from health care providers.

As a condition of enrolment, and in order to comply with this policy, each child must 1) present 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 under guidelines and schedules specified by the Department of Public Health, 2) present a certificate, in a form prescribed by the Department of Public Health, from a physician, physician assistant or advanced practice registered nurse stating that in the opinion of such physician, physician assistant or advanced practice registered nurse such immunization is medically contraindicated because of the physical condition of such child; 3) 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 4) in the case of haemophilus influenzae type B has passed such child's fifth birthday; or 5) in the case of pertussis, has passed such child's sixth birthday.

The immunization requirements provided for in this policy shall not apply to any child who was enrolled in kindergarten through twelfth grade on or before April 28, 2021 **if** such child presented prior to April 28, 2021 to a public or private school in Connecticut in which the child was enrolled a statement from the child's parents or guardian that such immunization is contrary to the religious beliefs of the child or the child's parents or guardian, and such statement was properly acknowledged or notarized, in accordance with the law, by 1) a judge of a court of record or a family support magistrate, 2) a clerk or deputy clerk of a court having a seal, 3) a town clerk, 4) a notary public, 5) a justice of the peace, 6) an attorney admitted to the bar of the State of Connecticut, or 7) a school nurse. In addition, if a child who was enrolled in in a preschool or prekindergarten program prior to April 28, 2021 and had submitted by that date a valid statement to such a program with respect to such a religious objection to immunization, such statement shall be valid upon such child's transfer to Kindergarten, provided that such child must comply with immunization requirements by 1) September 1, 2022, or 2) within 14 days after transferring to any public or private school within Connecticut, whichever is later

Students

Health Assessments and Immunizations (continued)

It is the responsibility of the Principal to insure that each student enrolled has been adequately immunized and has fulfilled the required health assessments, in accordance with this policy and the law. The school nurse shall check and document immunizations and health assessments on all students enrolling in school and to report the status to the school principal. The school nurse shall also contact parents or guardians to make them aware if immunizations and/or health assessments are insufficient or not up-to-date. The school nurse will maintain in good order the immunization and health assessment records of each student enrolled.

The school nurse who is required to verify the immunization status for children enrolled in District schools, pre-K to grade 12, inclusive, pursuant to C.G.S. 10-204a, shall be provided with sufficient information on the children living within his/her jurisdiction and is listed on the Department of Public Health's registry of immunization status. The school nurse is authorized to determine which children in their jurisdiction are overdue for scheduled immunizations and provide outreach to help get them vaccinated.

If the parents or guardians of any child are unable to pay for any immunization required by this policy, the expense of such immunization shall, on the recommendation of the Board, be paid by the town where such child resides.

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 should be tested if they meet any of the risk factors for TB infection, as described in the administrative regulations accompanying this policy.

No record of any student's medical assessment may be open to the public.

Exemption from examination or treatment. No provision of this policy shall be construed to require any pupil to undergo a physical or medical examination or treatment, if the parent or guardian of such pupil or the pupil (if such pupil is an emancipated minor or is eighteen years of age or older), in writing, notifies the Principal and Superintendent that such parent or guardian or pupil objects, on religious grounds, to such physical or medical examination or treatment. This religious exemption applies to examinations only and does not apply to immunizations.

As required, the District will 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 for the district, obtained through the required asthma 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 six or seven, and in either grade nine or ten. Such asthma diagnosis shall be reported whether or not it is recorded on the health assessment form, at the aforementioned intervals. The District, as required, will also participate in annual school surveys conducted by the Department of Public Health pertaining to asthma.

Students

Health Assessments and Immunizations (continued)

(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, P.A. 15-242, PA 21-6, and PA 26-3).
10-204c Immunity from liability
10-205 Appointment of school medical adviser
10-206 Health assessments (as amended by PA 17-146 and PA 18-168 and P.A. 21-121, Section 67)
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. (as amended by PA 17-173)
19a-7f Standard of care for immunization; vaccine schedules, as amended by PA 26-3
52-571b Connecticut Religious Freedom Restoration Act (inapplicable to school immunizations per PA 26-3)
P.A. 21-6 An Act Concerning Immunizations
P.A. 26-3 An Act Establishing Connecticut Vaccine Standards.
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)
CSDE Guidance Regarding Public Act 21-6, "An Act Concerning Immunizations" (May 25, 2021)

Students

Health Assessments and Immunizations

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, subject to amendment by the State or 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, subject to the conditions and exceptions provided by law and Board policy (including Policy 5141.3), 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 (Haemophilus 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.

Students

Health Assessments and Immunizations (continued)

(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 Committee on Immunization Practices (ACIP) changed the recommendation for routine vaccination against chickenpox (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.

- 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.

Students

Health Assessments and Immunizations (continued)

- 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)

Students

Health Assessments and Immunizations (continued)

- 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 (7^{th}) 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;

Students

Health Assessments and Immunizations (continued)

(iv) presented prior to April 28, 2021 to a private or public school in Connecticut in which the student was enrolled a written statement officially acknowledged by a notary public or a judge, family support magistrate, clerk/deputy clerk or 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/guardians, as set forth in Board policy (including Policy 5141.3) and the law;

(v) 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 student's present or previous town of residence, stating that the student has had a confirmed case of such disease;

(vi) in the case of Haemophilus influenzae type B has passed such student's fifth birthday; or

(vii) in the case of pertussis, has passed such student's sixth birthday.

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, medical risk assessment for lead poisoning and, when indicated by such assessment, a test of the pupil's blood lead level, 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 a) all new school enterers prior to enrollment, and b) students in grade 6 and grade 9.

a. For new enrollers: This health assessment must be completed prior to school entry/public school enrollment in Connecticut; otherwise, the student will not be allowed to enter school. .

b. For students in grades 6 or 9: This health assessment must be conducted within the school year for students in grade 6 or grade 9. Parents of students in grade 6 or grade 9 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. No student will be allowed to enter grades 7 or 10 without such assessments being completed.

c. The District reserves the right to require parents to use the State of Connecticut Health Assessment Form for compliance with the assessment/examination mandate.

The assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley's anemia when the Board of Education, after consultation with the school medical advisor and the local health department, determine such tests are necessary.

Students

Health Assessments and Immunizations (continued)

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 (t 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.

Students

Health Assessments and Immunizations (continued)

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. 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 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.

For the school year commencing July 1, 2027, and each school year thereafter, the Board shall require each pupil enrolled in grades nine to twelve, inclusive to have an athletics health assessment prior to being permitted to participate in interscholastic athletics for each academic year. The athletics assessment shall include a physical examination that shall include screening for serious cardiac conditions that could lead to sudden cardiac death, which screening shall be performed in accordance with guidelines established by the American Heart Association, the American College of Cardiology or another organization focused on cardiovascular care in pediatric populations.

Students

Health Assessments and Immunizations (continued)

The athletics assessment form shall include (1) a check box for the provider conducting the athletics assessment, to indicate any patient or family history of symptoms of such serious cardiac conditions, including, but not limited to, chest pain with exertion or unexplained syncope, and any family history of sudden cardiac death, (2) screening questions relating to a family history of such serious cardiac issues to be answered by the parent or guardian, including, but not limited to, chest pain with exertion, unexplained syncope, sudden cardiac arrest or sudden cardiac death, (3) any additional cardiac screening questions to be answered by such provider, as deemed necessary and appropriate by such provider, and (4) a check box for the provider conducting the athletics assessment to indicate whether the provider referred the pupil for any additional cardiac screening or treatment.

Legal Reference: Connecticut General Statutes
10-204a Required immunizations (as amended by P.A. 15-174, P.A. 15-242, PA 21-6, and PA 26-3).
10-204c Immunity from liability
10-205 Appointment of school medical adviser
10-206 Health assessments (as amended by PA 17-146 and PA 18-168 and P.A. 21-121, Section 67)
10-207 Duties of medical advisors
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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
Notification of parents re defects; record of results. (as amended by PA 17-173)
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42 U.S.C. 1320d-1320d-8, P.L. 104-191, Health Insurance Portability and Accountability Act of 1996 (HIPAA)