

## **Students**

**5141.3 (a)**

### **Health Assessments and School Screenings**

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

To determine the 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, including oral health assessments. It is the policy of the Board of Education to ensure 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 Superintendent shall designate the school nurse to receive reports of health assessments and immunizations from health care providers.

Parents wishing their children exempted or excused from health assessments, on religious grounds, must request such exemption to the Superintendent of Schools in writing. This request must be signed by the parent/guardian.

Parents/guardians wanting their children excused from immunizations on religious grounds (prior to kindergarten entry and grade 7 entry) must request such exemption in writing to the Superintendent of Schools if such immunization is contrary to the religious beliefs of the child or of the parent/guardian of the child. The request must be officially acknowledged by a notary public or a judge, a clerk or deputy clerk of a court having a seal, a town clerk, a justice of the peace, a Connecticut-licensed attorney or a school nurse.

It is the responsibility of the Principal to insure that each student enrolled has been adequately immunized and has fulfilled the required health assessments. 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.

As required, the District will report, beginning in October 2017, on a triennial basis, 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 grade ten or eleven. 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

## 5141.3 (b)

participate in annual school surveys conducted by the Department of Public Health pertaining to asthma.

As required, the District will annually report to the Department of Public Health information required on the School Immunization Entry Survey.

The Superintendent of Schools shall give written notice 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 that the student be examined by an appropriately licensed optometrist or ophthalmologist.

*Note: PA 18-168 requires boards of education to request that students have an oral health assessment prior to public school enrollment, in grade 6 or 7, and in grade 9 or 10. The legislation establishes related requirements on providers authorized to perform the assessments, parental consent assessment forms, and records access. The specifics are detailed in the administrative regulation pertaining to this policy.*

(cf. 5111 - Admission)

(cf. 5141.31 - Physical Examinations for School Programs)

(cf. 5125 - Student Records)

(cf. 5135.11 - Health/Medical Records - HIPAA)

(cf. 5141 - Student Health Services)

Legal Reference: Connecticut General Statutes

[10- 204a](#) Required immunizations (as amended by P.A. 15-174 and P.A. 15-242)

[10-204c](#) Immunity from liability

[10-205](#) Appointment of school medical adviser

[10- 206](#) Health assessments (as amended by PA 17-146 and PA 18-168)

[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 school.

10-212 School nurses

10-214 Vision, audiometric and postural screenings. When required.  
Notification of parents re: defects; record of results. (as amended by PA 17-173)

Department of Public Health, Public Health Code, 10-204a-2a, 10-204a-3a,  
10-204a-4

Section 4 of PA 14-231

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.

P.L. 93-568; codified as 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)

PA 17-146 "An Act Concerning the Department of Public Health's Various  
Revisions to the Public Health Statutes," Section 5, effective 10/1/17

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

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NORTH CANAAN BOARD OF EDUCATION  
North Canaan, Connecticut

**Health Assessments and School Screenings**

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 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.

(Pertussis immunization shall not be required after a student's sixth birthday),

- 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 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.
- 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.
- Varicella (Chickenpox) Immunity

**AR5141.3(b)**

(i) 1 dose on or after the 1st birthday or must show proof of immunity to Varicella (chickenpox) for entry into licensed pre-school programs and kindergarten; or on or after August 1, 2011 for entry into kindergarten two (2) doses shall be required, given at least three (3) months apart, the first dose on or after the 1st birthday.

(ii) Proof of immunity includes any of the following:

Documentation of age-appropriate immunizations considered to be one dose administered on or after the student's first birthday (if the student is less than 13 years old) or two doses administered at least 30 days apart for students whose initial vaccination is at thirteen years of age or older.

*Note: The National Advisory Committees on Immunization Practices (ACIP) changed the recommendation for routine vaccination against 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.

- 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-containing 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,

- (ii) Serologic evidence of past infection, or

**AR5141.3(d)**

(iii) A statement signed and dated by a physician, physician assistant, or advanced practice registered nurse indicating that the child has already had varicella (chickenpox) based on family and/or medical history.  
(Date of chickenpox illness not required)

- Proof of at least three doses of Hepatitis B vaccine or show proof of serologic evidence of infection with Hepatitis B.

- Proof of Diphtheria-Pertussis-Tetanus Vaccination (Adolescent Tdap Vaccine Requirement for Grade 7 Students)

(i) On or after August 1, 2011, an individual eleven (11) years of age or older, enrolled in the seventh (7th) grade, shall show proof of one (1) dose of diphtheria, tetanus and pertussis containing vaccine. (Tdap booster) in addition to completion of the recommended primary diphtheria, tetanus and pertussis containing vaccination series unless:

(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;

**AR5141.3(e)**

(iv) presents 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 or 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;

(v) he/she has had a natural infection confirmed in writing by a physician, physician assistant, advanced practice registered nurse or laboratory.

Health assessment and health screening requirements are waived if the parent legal guardian of the student or the student (if he or she is an emancipated minor or is eighteen years of age or older) notifies the school personnel in writing that the parent, guardian or student objects on religious grounds. (CGS 10-204a)

Students failing to meet the above requirements shall not be allowed to attend school.

2) A physical examination including blood pressure, height, weight, hematocrit or hemoglobin, and a chronic disease assessment which shall include, but not be limited to, asthma and which must include public health related screening questions for parents to answer and other screening questions for providers and screenings for hearing, vision, speech, and gross dental shall be required for all new school enterers, and students in grade 6 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.

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;



**AR5141.3(f)**

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 grade 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 grades 7 and 10.)*

The District shall annually 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 either grade 9 or 10. Such asthma diagnosis shall be reported whether or not it is recorded on the health assessment form at the aforementioned intervals.

3) Parents or guardians of students being excluded from school due to failure to meet health assessment requirements shall be given a thirty calendar day notice in writing, prior to any effective date of school exclusion. Failure to complete required health assessment components within this thirty day grace period shall result in school exclusion. This exclusion shall be verified, in writing, by the Superintendent of Schools or his/her designee. Parents of excluded students may request administrative hearing of a health assessment related exclusion within five days of final exclusion notice. An administrative hearing shall be conducted and a decision rendered within fifteen calendar days after receipt of request. A subcommittee of the Board of Education shall conduct an administrative hearing and will consider written and/or oral testimony offered by parents and/or school officials.

4) Health screenings shall be required for all students according to the following schedule:

Vision Screening	Grades K, 1, 3, 4, 5
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Audiometric Screening	Grades K, 1, 3, 4, 5
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## AR5141.3(g)

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. A written notice shall be given to the parent/guardian of each student who is found to have any 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. All candidates for all athletic teams shall be examined annually by the family's primary physician prior to participation.

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.

### **Oral Health Assessments**

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

## **AR5141.3(h)**

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.

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

[10-204a](#) Required immunizations (as amended by P.A. 15-174 and P.A. 15-242)

[10-204c](#) Immunity from liability

10-205 Appointment of school medical adviser

10-206 Health assessments (as amended by June Special Session PA 01-4, PA 01-9, PA 05-272, PA 07-58 and PA 18-168)

10-206a Free health assessments

10-207 Duties of medical advisers

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 school.

10-212 School nurses

10-214 Vision, audiometric and postural screenings. When required.  
Notification of parents re defects; record of results, as amended by P.A. 17-173.

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

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