Series: 2000-2001

Circular Letter: C-26

To: Superintendents of Schools
    School Nurse Supervisors

From: Theodore S. Sergi, Commissioner of Education

Subject: Policy and Procedural Issues regarding Health Services
         (Sections 10-204a, 10-206 and 10-214)

Since the original passage of Section 10-206 of the Connecticut General Statutes (C.G.S.) (Health Assessments), Section 10-214 C.G.S. (Health Screenings) and Section 10-204a C.G.S. (Immunizations), various updates have been sent to the districts from the State Department of Education. However, a number of questions continue to arise around implementation of these requirements. The intent of this letter is to reiterate and clarify the responsibilities of the local boards of education with regard to immunizations, health assessments, and health screenings and to suggest policies and procedures to ensure compliance with the laws and regulations. All pertaining statutes and regulations are enclosed.

I. Immunizations (Section 10-214 C.G.S. and Sections 10-204a-1 through 10-204a-3 of the Regulations of Connecticut State Agencies)

   a. A student who has failed to provide evidence of immunization required by Section 10-204a shall not be enrolled in a public or non-public school. Enrollment means that a student is eligible to attend school; the statute provides the students shall be immunized “before being permitted to attend” school;
   b. Each child shall be adequately immunized against diphtheria, pertussis, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B, hepatitis B, varicella and any other vaccine required by the schedule for active immunization; and
   c. The definitions of adequate immunizations are contained on the schedule for active immunization adopted and established by regulations (10-204a-1 through 10-204a-3). These schedules are revised periodically by the Department of Public Health.

II. Health Assessments (Section 10-206 C.G.S.)
a. A health assessment is required prior to a student’s initial enrollment in a public school. This may be a preschool program, kindergarten or any other public school program. A student seeking to enroll without evidence of the required assessment shall not be enrolled unless exempted by statute or regulation;
b. Subsequent to initial enrollment each local or regional board of education shall require each pupil enrolled in public schools to have health assessments in either grade six or grade seven and in either grade ten or grade eleven, and should develop policies and procedures to enforce these requirements. Such policies and procedures should include the circumstances in which a student would not continue attendance in public schools for failing to obtain the health assessment (see V.a. (6) below);
c. All of the required elements of the health assessment must be completed during the specified times in accordance with Section 10-206(b) including a hematocrit or hemoglobin test. The results of the health assessments must be recorded on the State of Connecticut Health Assessment Record (blue HAR) distributed by the State Department of Education;
d. Such assessments shall be conducted by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, a physician assistant or a school medical advisor; and
e. The results of the health assessment, screenings and follow-up testing and treatment must be recorded on the Cumulative Health Record (CHR) distributed by the State Department of Education.

III. Health Screenings (Section 10-214 C.G.S. and Sections 10-214-1 through 10-214-5 of the Regulations of Connecticut State Agencies)

a. The regulations concerning health screenings are outlined in Section 10-214. Hearing, vision and scoliosis screenings are required for students in grades listed in that statute; and
b. Screenings that are conducted and reported as part of the state-mandated health assessments upon entry to school and in grade six or seven, pursuant to Section 10-206, may fulfill the requirement for hearing, vision or postural screening in the same year in which the health assessment is conducted (as opposed to reported). The screenings conducted as part of the mandated health assessment must meet the requirements of the regulations for screenings (Sections 10-214-2 through 10-214-4 of the regulations) and reported on the blue HAR form.

IV. Exemption

a. Immunization (Section 10-204a C.G.S.) requirements are satisfied if a child:
1) presents a certificate from a physician or a local health agency stating that the child has received the initial immunizations and is in process for additional immunizations under guidelines and schedules issued by the Commissioner of Public Health; OR
2) presents a certificate from a physician stating that the immunization is medically contraindicated because of the physical condition of the child; OR
3) presents a statement from the parents or guardian of the child that such immunization(s) is contrary to the religious beliefs of the child; OR
4) in the case of measles, mumps or rubella, presents a certificate from a physician 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
5) in the case of haemophilus influenzae type B has passed his fifth birthday; OR
6) in the case of pertussis, has passed his sixth birthday; OR
7) he/she has had a natural infection confirmed by laboratory report (except varicella); OR
8) he/she has had varicella confirmed in writing by a physician or laboratory report.

b. Health Assessments, Health Screenings, treatment and medical instruction (Section 10-208 C.G.S.) are waived if the parent or legal guardian of the pupil, or the pupil (if he or she is an emancipated minor or is eighteen years of age or older) notifies school personnel in writing that the parent, guardian or pupil objects on religious grounds.

V. Local Policy for Compliance

Each school district should adopt policy and administrative procedures, which include:

a. Health Assessments:

1) specific grades in which the health assessments must be done (i.e. 6th or 7th grade and 10th or 11th grade);
2) time span for acceptable dates of assessment to fulfill the requirement;
3) determination, in consultation with the school medical advisor, as to the inclusion in the health assessment of tests for tuberculosis (refer to DPH Guidelines for TB screenings, May 2000), sickle cell anemia, and Cooley’s anemia;
4) procedures to be followed and final action to be taken where a student has failed to provide evidence of a health assessment within the specified time. Note: as a minimum the procedures
should include a written notice of the nature of the final action to be taken to parents or pupil (if an emancipated minor or over 18 years of age) and reasonable time allowance to comply before such action is taken;

5) procedure for the written notification to parents of the requirement of a health assessment and an opportunity for parents to be present when the school district provides the health assessment as well as a follow-up procedure for non-compliance;

6) procedure for any necessary administrative hearing in instances of non-compliance before final action is taken; and

7) procedure for obtaining health assessments for those students who are placed out of the school district during the year the assessment is required.

b. Health Screenings:

1) specific grades in which the health screening must be done;

2) provision for annual written notification to parents, guardians, and pupil (if an emancipated minor or over 18 years of age) of all screenings to be conducted within the district; and

3) procedures for carrying out health screenings within the schools.

c. Follow-up Procedures:

1) written notification to all parents and/or student (if an emancipated minor or over 18 years of age) for student failure to meet standards of screenings tests (hearing, vision, and postural) or when a student is in need of further testing or treatment as a result of a school health assessment; and

2) in the case of students who are eligible for free health assessments, procedures for determination as to whether the pupil has received the necessary testing or treatment and for advising the parents or student (if an emancipated minor or over 18 years of age) as to how testing or treatment may be obtained.

d. Health Records

1) procedures for maintenance of the confidential health assessment record;

2) procedures for the transmittal of the original record to another school district when a student moves and the maintenance of a true copy within the district.
If you have any questions on the above, please contact Cheryl Carotenuiti, Health Promotion Consultant, State Department of Education, Bureau of School, Family, Community Partnerships, 860-713-6584.