



THE SCHOOL DISTRICT OF  
PALM BEACH COUNTY, FLORIDA

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Action By:  
Information Only

**TO:** All Principals

**FROM:** Cheryl C. Alligood, Chief Academic Officer *CAA*

**SUBJECT: IMMUNIZATION AND PHYSICAL EXAMINATION REQUIREMENTS FOR THE 2014-15 SCHOOL YEAR**

Attached please find the following information that includes **updates** effective for the **2014-15 school year**:

- Attachment A: Immunization Requirements
- Attachment B: Physical Examination Requirements
- Attachment C: Parent/Guardian Notice for Kindergarten
- Attachment D: Parent/Guardian Notice for Seventh Grade
- Attachment E: Parent/Guardian Immunization Follow-Up Letter
- PDF Attachment: Sample DH 3040 (6/02 version) Physical Examination Form (Parent Portion, Page 1 only)

Please disseminate this information to all persons handling student registration and health records. It is also suggested that the parent/guardian notices be distributed at Kindergarten Round-ups, Open Houses, and included in report card mailings, school newsletters, and PTA/PTO mailings. With sufficient notification, it is hoped that student records will be up-to-date for the start of the 2014-15 school year.

It is very important to check the immunization records of each incoming student and refer those who need immunizations to their health provider **before** admission to school. Most schools have nurses who can assess immunization records. They may complete the Florida Certification of Immunizations Form (DH 680) on new students who have immunization records and who have all the required immunizations for their grade level. Students on temporary medical exemptions must be excluded from school after their exemptions expire.

Effective January 2011, the Florida Department of Health, Bureau of Immunizations authorized the printing of the electronic Florida Certification of Immunization Form (DH 680) on white or color paper.

April 15, 2014

**Bulletin #P-14815-EAI/SIS - IMMUNIZATION AND PHYSICAL EXAMINATION REQUIREMENTS FOR THE 2014-15 SCHOOL YEAR**

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All schools are instructed by the Palm Beach County Health Department to accept the certified copies of Form DH 680 printed on white or color paper for entrance into school.

In the event that a student is transferring to another school, pursuant to the Florida Department of Education guidelines, upon request of the receiving school or the parent/guardian, please forward all **original documents** to the school where the student will attend. This includes the State of Florida School Health Entry Exam Form (DH 3040) and the Florida Certification of Immunizations Form (DH 680). If so desired, you may make copies of original documents and keep them on file.

Currently, **there are no vaccine shortages**. However, due to the delivery system of Vaccine For Children (VFC), there may be vaccine unavailability by providers, including the Health Department. Therefore, temporary medical exemptions on Florida Certification of Immunizations (DH 680) that are based solely on lack of vaccine availability **will be acceptable** for this school year.

The *Immunization Guidelines* published by the Florida Department of Health are available online to all school sites by visiting the Department of Health's website at:

<http://www.floridahealth.gov/prevention-safety-and-wellness/immunization/children-and-adolescents/documents/school-guide.pdf>

All schools are now able to utilize the attached copy of the *parent part* of the DH 3040 Form for the parent to complete during registration if it had been submitted blank during registration. It must be filled out and attached to out-of-state physicals meeting the state standard.

All notification documents for parent/guardian use have been translated into Creole, Spanish, and Portuguese and are available upon request.

EWG/CCA/JML/EVA/CB:dh/cy

Attachment A: Immunization Requirements

Attachment B: Physical Examination Requirements


Attachment C: Parent/Guardian Notice for Kindergarten

Attachment D: Parent/Guardian Notice for Seventh Grade

Attachment E: Parent/Guardian Immunization Follow-Up Letter

PDF Attachment: Sample DH 3040 (6/02 version) Physical Examination Form (Parent Portion)

Approved: \_\_\_\_\_

  
E. Wayne Gent, Superintendent



**Immunization Requirements for Grades Pre-Kindergarten through  
Grade 12  
2014-15 School Year**

Grades	PK*	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DT Series	X*	X	X	X	X	X	X	X	X	X	X	X	X	X
Tdap Booster									X	X	X	X	X	X
Polio Series	X*	X	X	X	X	X	X	X	X	X	X	X	X	X
MMR (2 doses)	X*	X	X	X	X	X	X	X	X	X	X	X	X	X
Hepatitis B Series	X*	X	X	X	X	X	X	X	X	X	X	X	X	X
Varicella 1 dose	X								X	X	X	X	X	X
Varicella 2 doses		X	X	X	X	X	X	X						
HIB series	X*													

\*PK – Age 3 vaccine doses as indicated for age.

All new students seeking entrance into a public school in Palm Beach County are required by Florida Statute 1003.22 and School Board Policy to present, at the time of entry, valid documentation of the *Florida Certification of Immunization* Form (DH 680) that they have received the required immunizations against the communicable diseases as identified by the Department of Health. A valid DH 680 **must** include:

- ◆ The student's complete name, date of birth, and the name of the student's parent/guardian.
- ◆ All vaccine dates with the month/day/year.
- ◆ Name of the physician or clinic; physician or clinic address; signature (or signature stamp) of the physician, nurse or the physician's authorized designee; or the County Health Department stamp, nurse's signature, and the date the form was signed and issued. Electronic signatures from FL SHOTS are valid.

The *Florida Certification of Immunization* – (DH 680) – includes sections for temporary and permanent medical exemptions. Temporary Medical Exemptions must have an expiration date. Permanent Medical Exemptions must specify which vaccine the student is exempted from and the valid clinical reason for exemption. Permanent Medical Exemptions must be signed by a physician (M.D. or D.O.).

Copies of *Florida Certification of Immunization* (DH 680) can be accepted. If a hardship exists for parents transferring students, according to statute, it is permissible to allow 30 school days for the transfer of records.

The *Certificate of Religious Exemption*, (DH 681), is available only through the Florida Department of Health Palm Beach County. It is not available from private physicians. Only a DH 681 will be accepted at school sites. This form is generated by Florida Shots program for the Health Department, electronically signed and can be printed on white or color paper.

**Note:** Homeless students without immunization and physical exam documentation must be enrolled and receive a 30 day exemption. Follow-up with these students should be coordinated through the school counselor.

### **General Recommendations on Immunization - Special Notice for Data Processors**

Documentation of Immunization DH 680 (July 2006; January 2007; August 2007; July 2008)

- ❖ Part A (Certificate of Immunization for K-12 – DOE Code 1)
- ❖ Part A (Certificate of Immunization for 7<sup>th</sup> Grade requirement - DOE Code 8)
- ❖ Part B (Documentation of Temporary Medical Exemption - DOE Code 2)
- ❖ Part C (Documentation of Permanent Medical Exemption - DOE Code 3)

Effective April 2002 the Florida Department of Health mandated that vaccine doses administered less than or equal to four days before the minimum interval or age are to be counted as valid.

Hepatitis B vaccine can be given as a two-dose (age 11-15) or a three-dose series. The provider must indicate that the student received the two-dose series on the DH 680; otherwise, the student's records should reflect the three-dose series.

Effective March 2014, the Florida Department of Health has mandated the following:

- ① 1 dose of varicella vaccine is required 7<sup>th</sup> through 12<sup>th</sup> grade.
- ① 2 doses of varicella vaccine are required for K through 6<sup>th</sup> grade.
  - If the physician/provider documents history of varicella disease on the DH 680, the varicella vaccine is not required.
- ① Tdap booster is required for 7<sup>th</sup> through 12<sup>th</sup> grade.
- ① If the fourth dose of polio vaccine is administered prior to the fourth birthday, a fifth dose of polio vaccine is required for entry into kindergarten.



## Physical Examination Requirements

### First time entry into a Florida school:

Students are required by Florida Statute 1003.22 and School Board policy to present, at the time of entry, valid documentation of a health examination performed within one year prior to the first date of entry.

### The School Entry Health Exam Form (DH 3040\*) includes:

- Part I completed and signed by the parent.
- Part II completed and signed/stamped by the physician.

\*A copy or facsimile of a completed and appropriately signed DH 3040 is acceptable. However, every effort should be made to have the original documents on file at the school.

- Physical examinations are required for Palm Beach County students entering grades Pre-K, Kindergarten and 7th and must be presented on the DH 3040.
- Transfer students from within the state of Florida should present records that reflect physical examinations having been performed for at least Kindergarten and 7<sup>th</sup> Grade.
- Physical examinations are also required for first time entry of all transfer students from outside the state of Florida, or from another country, regardless of grade.
- Out-of-state physical exams for school entrance are permitted if they include all components included on the DH 3040 and have the physician's signature and office stamp. If presenting an out-of-state physical exam, the parent/guardian must also complete and sign Part I of the State of Florida DH 3040. Copies of Part I of the physical exam (DH 3040) have been made specifically for this purpose and should be available at all the schools.
- Out-of-state physicians are able to complete the DH 3040 and may receive a copy of the DH 3040 by contacting the School Health Program, Florida Health Palm Beach County, at 561-671-4168.

## Attention Parents/Guardians!

Students entering **Kindergarten through 6<sup>th</sup> Grade School Year 2014-15** will be **required** to submit documentation of the following on the Florida Certification of Immunization form **DH 680**

▶ DTaP or DTP or DT series

▶ Polio series

If the fourth dose of polio vaccine is administered prior to the fourth birthday, a fifth dose of polio vaccine is required for entry into **Kindergarten**.

▶ MMR (Measles, Mumps, Rubella) two doses

▶ Hepatitis B Vaccine series

▶ Varicella Vaccine (chicken pox) two doses

Varicella vaccine is not required if child has documentation of history of varicella disease.

▶ A School Physical Examination  
(Kindergarten and entrants from out-of-state or country)

The Physical Examination must be completed within the 12 months prior to the date of entry into the District.

## Attention Parents/Guardians!

Students entering **7<sup>th</sup> Grade in School Year 2014-15** will be **required** to submit documentation of the following information:

- ▶ **Tdap** booster (Tetanus, Diphtheria, Pertussis)\*
- ▶ A School Physical Examination\*

The Physical Examination must be completed within the 12 months prior to the date of entry into 7<sup>th</sup> grade.

If new entrant from out-of-state or country, Physical Examination must be completed within 12 months prior to date of entry into District.

\*These requirements are in addition to first time school entry requirements of:

- DTaP series
- Polio series
- MMR (2)
- Hepatitis B series
- Varicella (1)

Date:

To the parent or guardian of: \_\_\_\_\_  
The school staff completed a record review of your child's health record on \_\_\_\_\_. At that time, it was determined that your child is in need of the following immunization(s) or documentation to meet the compulsory immunizations required for school attendance in the State of Florida. Please take this letter and the attached copy of your child's immunization records to your doctor for updating.

\_\_\_\_\_ **DtaP/DTP/DT** (*Five doses needed if fourth dose given before fourth birthday*)

\_\_\_\_\_ **Tdap** (*required for grades 7<sup>th</sup> through 12<sup>th</sup> grade*)

\_\_\_\_\_ **Hepatitis B** (*vaccine series required for all grades*). *For the three-dose series, the minimum acceptable interval between the first two doses is 24 days, between the second and third doses is 52 days, and between the first and third doses is 108 days. (Minimum days reflect four-day grace period). The earliest age at which the third dose can be given is 164 days of age (168 days minus the four-day grace period).*

\_\_\_\_\_ **MMR** (*MMR must be given on or after the first birthday*)

\_\_\_\_\_ **Polio** (*four doses needed if third dose given before the fourth birthday; Kindergarten students must have a dose on or after their fourth birthday*)

\_\_\_\_\_ **Varicella** (*Pre-K, K - 12<sup>th</sup> grade*)

\_\_\_\_\_ **Missing** provider stamp and/or signature to validate immunizations

\_\_\_\_\_ **Original** Florida Certification of Immunizations Form DH 680 preferred. (*The DH 680 is the only form that schools are permitted to accept as proof of immunizations.*)

\_\_\_\_\_ **Other:** \_\_\_\_\_

**Please provide appropriate documentation to your child's school as requested by \_\_\_\_\_.** Thank you for your attention to your child's health.

\_\_\_\_\_  
Principal





STATE OF FLORIDA
School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child's Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Form with fields: Name of Child (Last, First, Middle), Birth Date, Sex, Address (Street), School, Grade, City and ZIP Code, Home Telephone Number, Parent/Guardian (Last, First, Middle)

PART I — CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left. (Please explain any "Yes" answers in the space provided below.)

- 1. Yes [ ] No [ ] Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes [ ] No [ ] Any other specific illness or social/emotional or behavioral problems?
3. Yes [ ] No [ ] Any allergies (food, insects, medication, etc.)?
4. Yes [ ] No [ ] Any prescription medication (daily or occasionally)?
5. Yes [ ] No [ ] Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes [ ] No [ ] Any hospitalization, operation, or major illness (specify problem)?
7. Yes [ ] No [ ] Any significant injury or accident (specify problem)?
8. Yes [ ] No [ ] Would you like to discuss anything about your child's health with a school nurse?

To Parent/Guardian: Please explain any "Yes" answers from above.

Horizontal lines for explaining "Yes" answers.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

[X] Signature of Parent/Guardian Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. (These services are recommended but not required.)

Table with 3 rows: 1. Comprehensive Vision Examination (3-5 years of age), 2. Comprehensive Dental Examination, 3. Hearing Screening. Each row includes exam details and a space to describe corrective actions.