



THE SCHOOL DISTRICT OF
PALM BEACH COUNTY, FLORIDA

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Contact:

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**Action By:
Information Only**

TO: All Principals

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

SUBJECT: IMMUNIZATION AND PHYSICAL EXAMINATION REQUIREMENTS FOR THE 2013-14 SCHOOL YEAR

Attached, please find the following information that includes **updates** effective for the 2013-14 school year:

- Immunization Requirements for Pre-K through 12th Grade
- Parent/Guardian Notices for students entering Kindergarten and 7th Grade
- Physical Examination Requirements
- Sample State of Florida School Health Entry Exam Form (DH 3040) (Parent Portion)

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 and Open Houses, and be included in report card mailings, school newsletters, and PTA/PTO mailings. With sufficient notification, student records should be up to date for the start of the 2013-14 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.

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Effective January 2011, the Florida Department of Health, Bureau of Immunizations, authorized the printing of the electronic DH 680 on white or other color paper. All schools are instructed by the Palm Beach County Health Department to accept the certified copies of DH680 printed on white or other 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 be attending. This includes the DH 680 as well as the State of Florida School Health Entry Exam Form (DH 3040). If so desired, you may keep copies of the original documents 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 the 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.immunizeflorida.org/schoolguide.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
Attachments

Attachment A: 2013-14 Immunization Requirements
Attachment B: 2013-14 Physical Examination Requirements
Attachment C: 2013-14 Parent/Guardian Notice for Kindergarten
Attachment D: 2013-14 Parent/Guardian Notice for Seventh Grade
Attachment E: 2013-14 Parent/Guardian Immunization Follow-Up Letter
PDF Attachment: Sample DH 3040 (6/02 version) Physical Examination Form (Parent Portion)

Approved: _____


E. Wayne Gent, Superintendent



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 writing answers to questions 1-8.

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 fields for Date of Exam, Results of Exam, Health Care Provider, and a description of corrective actions.



Name of Child (Last, First, Middle) Birth Date

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:

(Exam must be within one year of enrollment)

Month Day Year

Screening Results:

Height: Weight: BMI%: B/P: Hct/Hgb: Lead: Urinalysis:

Table with screening results for Vision (Without/With Glasses), Hearing (Right/Left), and Referred status.

- Gross dental (teeth and gums)
Head/scalp/skin
Eyes/Ears/Nose/Throat
Chest/Lungs/Heart
Abdomen
Postural assessment

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify:

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below. (This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary):

(Please Check One)

- This child may participate fully in school activities including physical education.
This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction)

Signature/Title of Health Care Provider, Date, Address (Please print or stamp), Name (Please print or stamp)

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
Close contact to active TB case
Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
If symptoms are present, work-up or refer for TB disease evaluation.

**Immunization Requirements for Pre-Kindergarten through 12th Grade
2013-14 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 | |
| Tdap/Td Booster | | | | | | | | | | | | | | 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 | X |
| Varicella 2 doses | | 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* (DH 680) which verifies 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 from which vaccine the student is exempt 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, it is (according to statute) permissible to allow 30 school days for the transfer of records.

The *Certificate of Religious Exemption* (DH 681) is available only through the Palm Beach County Health Department. It is not available from private physicians. Only an original 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 other 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 7th 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 has 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 2013, the Florida Department of Health has mandated the following:

- ① One dose of varicella vaccine is required 6th through 12th grade.
- ① Two doses of varicella vaccine are required for kindergarten, 1st grade, 2nd grade, 3rd grade, 4th grade, and 5th grade entrance.
 - 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 7th, 8th, 9th, 10th and 11th grade.
- ① If the fourth dose of polio vaccine is administered prior to the 4th 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 grade 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 7th 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 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 DH 3040 and may receive a copy of the form by contacting the School Health Program, Palm Beach County Health Department, at 561-671-4168.

Attention Parents/Guardians!

Students entering Kindergarten, 1st, 2nd, 3rd, 4th and 5th Grade in 2013-14 will be **required** to submit documentation of the following information:

- Diphtheria, Tetanus, Pertussis series
(DTP, or DTaP, or DT pediatric)
- Polio series *
- Two doses of Measles, Mumps, Rubella **
- The Hepatitis B Vaccine series ***
- Two doses of Varicella Vaccine (chicken pox) ****
- A School Physical Examination (Kindergarten only) *****

* 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**.

** Preferably as two doses of measles, mumps and rubella vaccine in the combined form (MMR).

*** Hepatitis B three-dose series requires a minimum of 4 months to complete.

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

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

Attention Parents/Guardians!

Students entering 7th Grade in 2013-14 will be **required** to submit documentation of the following information:

- The Hepatitis B, Polio, DTP/DT Vaccine series completed *
- A second Measles, Mumps, and Rubella Vaccine **
(Only new students need to have 2 MMR's. If they are already enrolled in 1st through 12th grades and met the requirement when they first entered, they should be advised to receive a second MMR. They should not be excluded.)
- A Tetanus/Diphtheria/Pertussis (Tdap) booster
- One dose of Varicella (chicken pox) ***
- A School Physical Examination ****

*Hepatitis B alternate two-dose series for adolescents 11-15 years of age; both two-dose and three-dose series requires a minimum of four months to complete.

**Preferably, as two doses of measles, mumps, and rubella vaccine in the combined form (MMR). (The second dose of MMR vaccine was recommended beginning school year 2008-09; however, students already enrolled in 7th grade with a valid DH 680 having two measles, one mumps, and one rubella immunizations should not be excluded. They should be advised to receive a second dose of MMR.)

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

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

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 4th birthday*)

_____ **Tdap** (*required for grades 7th, 8th, 9th, 10th and 11th grade*)

_____ **Td or Tdap booster** (*required for 12th 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 1st birthday*)

_____ **Polio** (*Four doses needed if third dose given before the 4th birthday; Kindergarten students must have a dose on or after their 4th birthday*)

_____ **Varicella** (*Pre-K, K - 12th 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