

Kent Center School Health Requirements

Connecticut Public Law 80-440 & 91-327 requires children to have a physical examination with documentation of proper immunizations before entering school. The immunization requirements are as follows:

PRESCHOOL

DTaP: 4 doses
Polio: 3 doses
MMR: 1 dose on or after the 1st birthday
Hep B: 3 doses, last one on or after 24 weeks of age
Varicella: 1 dose on or after the 1st birthday or verification of disease
Hib: 1 dose on or after the 1st birthday
Pneumococcal: 1 dose on or after the 1st birthday
Influenza: 1 dose administered each year between August 1-December 31st
Hepatitis A: 2 doses given six calendar months apart, 1st dose on or after 1st birthday

Kindergarten

DTaP: At least 4 doses. The last dose must be given on or after 4th birthday
Polio: At least 3 doses. The last dose must be given on or after 4th birthday
MMR: 2 doses separated by at least 28 days, 1st dose on or after the 1st birthday
Hep B: 3 doses, last dose on or after 24 weeks of age
Varicella: 2 doses separated by at least 3 months; 1st dose on or after the 1st Birthday or verification of disease
Hib: 1 dose on or after the 1st birthday for children less than 5 years old
Pneumococcal: 1 dose on or after the 1st birthday for children less than 5 years old
Hepatitis A: 2 doses given six calendar months apart, 1st dose on or after 1st birthday

Grade 1

DTaP: At least 4 doses. The last dose must be given on or after 4th birthday.
Polio: At least 3 doses. The last dose must be given on or after 4th birthday
MMR: 2 doses separated by at least 28 days, 1st dose on or after the 1st birthday
Hep B: 3 doses, last dose on or after 24 weeks of age
Varicella: 2 doses separated by at least 3 months; 1st dose on or after the 1st Birthday or verification of disease

Grade 2-6

DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday.
Polio: At least 3 doses. The last dose must be given on or after 4th birthday
MMR: 2 doses separated by at least 28 days, 1st dose on or after the 1st birthday
Hep B: 3 doses, last dose on or after 24 weeks of age
Varicella: 1 dose on or after the 1st birthday; or verification of disease

Grade 7/8

Tdap/Td: 1 dose for students who have completed their primary DTaP series.
Polio: At least 3 doses. The last dose must be given on or after 4th birthday
MMR: 2 doses separated by at least 28 days, 1st dose on or after the 1st birthday
Meningococcal: 1 dose
Hep B: 3 doses, last dose on or after 24 weeks of age
Varicella: 2 doses separated by at least 3 months; or verification of disease

HEALTH ASSESSMENT SCHEDULE

GRADE	PHYSICAL EXAM DATE
All Grades	Must be submitted prior to attending.
Students From Out of State	Must meet Connecticut requirements. Out of state entrants must have Tuberculosis (TB) risk assessment/screening Exams done up to 12 months prior to registration date are acceptable.
Pre-School Kindergarten	Must be submitted prior to attending. Exams done within 12 months of Kindergarten/Pre-School entry are acceptable. Kindergarten exams must include Tuberculosis (TB) risk assessment/screening and HCT/Hgb blood test
6th Grade	Exam must be done between January 1 of the 5 th Grade year, but before March 30 of the 6 th Grade year. Exam must include Tuberculosis (TB) risk assessment/screening and HCT/Hgb blood test
7th and 8th grade sports	Exam must be done within 12 months of the date of the last sport season game/practice. We recommend that the sports physical be done after June 1 st , to cover all sport seasons.

PLEASE NOTE: All Health Assessments (excluding sports physicals) must include height, weight, blood pressure, **hematocrit or hemoglobin blood test, Tuberculosis(TB) risk assessment/screening**, vision and hearing screening, gross dental exam (by a physician) and a postural exam.

Student's Name: _____ Grade: _____

Health Requirements

I have read the information regarding KCS Health Requirements and I am aware that Connecticut Public Law 80-440& 91-327 requires my child to have a physical exam with the proper immunizations as listed on this form, prior to entry into school.

Parent/ Guardian Signature _____ Date _____

Risk Assessment Questionnaire For Tuberculosis Exposure

1. Was your child born outside the US? ____ yes ____ no
If yes, where was your child born? _____

2. Has your child traveled outside the US? ____ yes ____ no
If yes, where did your child travel, with who did the child stay and how long did the child travel? _____

3. Has your child been exposed to anyone with TB disease? ____ yes ____ no

4. Does your child have close contact with someone with a positive Tuberculosis Screening Test? ____ yes ____ no

5. Does your child spend time with anyone who has been in prison or a shelter, injects illegal drugs, or has HIV? ____ yes ____ no

6. Does your child drink raw milk or eat unpasteurized cheese? ____ yes ____ no

7. Does your child have a household member who was born outside the US?
____ yes ____ no If yes, from what country? _____

8. Does your child have a household member who has traveled outside the US?
____ yes ____ no

Parent/Guardian signature

Date