

MUHLENBERG SCHOOL DISTRICT

Pupils: 200

Administrative Regulations: 203-AR

IMMUNIZATIONS AND COMMUNICABLE DISEASES

I. Guidelines

A. Immunizations

1. In order for any student to be admitted to the Muhlenberg School District at any grade level, parents or guardians of that student must present evidence **to the school nurse** that the student has received the minimum immunizations required by the Pennsylvania State Department of Health for school attendance. (See Appendix A for list of current immunization requirements)
2. Students who do not meet the minimum immunization requirements in accordance with Muhlenberg School District board policy and the Pennsylvania Department of Health shall not be admitted to school.
3. Exemptions to these immunizations requirements are as follows:
 - a. **Medical Exemption** - Children need not be immunized if a licensed health care provider provides a written statement that immunizations may be detrimental to the health of the student. State immunization regulations shall apply to said student at any time in the future when the licensed health care provider determines that immunizations are no longer detrimental to the health of that student.
 - b. **Religious Exemption** - Children need not be immunized if the parent, guardian or emancipated minor objects in writing to immunizations on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.
4. The school nurse shall be responsible for the approval, monitoring, filing and updating of immunization information on each student's medical health record.
5. A certificate of immunization for each enrolled student shall be maintained as established by the Pennsylvania Department of Health.
6. Parents or guardians will be informed of the immunization requirements for students entering into the Muhlenberg School District prior to admission.
7. Parents and guardians will be informed that failure to comply with the immunization requirements of the Commonwealth of Pennsylvania and the Muhlenberg School District upon entry into to school or at anytime in the future **may result in the student's exclusion from school.**
8. The school nurse will assist parents or guardians without insurance or a health care provider in finding an appropriate medical resource to get the student immunized and admitted to school.

MUHLENBERG SCHOOL DISTRICT

Pupils: 200

Administrative Regulations: 203-AR

IMMUNIZATIONS AND COMMUNICABLE DISEASES

B. Communicable Diseases

1. Students, staff person or volunteers who are suspected of having a potentially communicable disease by the school nurse or who have been diagnosed by a licensed health care provider as having a communicable disease shall be excluded from school for a period of time as indicated by regulations of the Pennsylvania Department of Health.
2. The school nurse may exclude immediately a student , staff person or volunteer showing any of the following symptoms, unless that person is determined by the school nurse to be non-communicable:
 - a. Rash with fever or behavioral changes.
 - b. Purulent discharge from the eyes.
 - c. Productive cough with fever.
 - d. A body temperature of 100 degrees Fahrenheit or higher.
 - e. Unusual lethargy, irritability, persistent crying, unusual persistent complaints of pain, difficulty breathing or other signs of severe illness.
 - f. Persistent vomiting.
 - g. Persistent diarrhea
 - h. Mouth sores associated with inability to control saliva.
3. The school nurse will verify that medical criteria set by the Department of Health for readmission to school have been met before allowing the student to return. A written statement from a licensed health care provider that the person is recovered or is non-infectious is also acceptable for re-admittance.
4. Reporting of specific communicable disease symptoms to the Pennsylvania Department of Health will be the responsibility of the school nurse.
5. Health guidelines and universal precautions designed to minimize the transmission of communicable diseases shall be implemented in the Muhlenberg School District at all times.
6. Parents and guardians shall be informed immediately of the spread of any potentially serious communicable disease affecting the school population.
7. The school nurse will report any unusual increase in absentee rates in the Muhlenberg School District suspected to be caused by a communicable disease to the Pennsylvania Department of Health immediately.

MUHLENBERG SCHOOL DISTRICT

Pupils: 200

Administrative Regulations: 203-AR

IMMUNIZATIONS AND COMMUNICABLE DISEASES

C. Health Records

1. A comprehensive health record will be maintained for each individual student in the Muhlenberg School District. The health record will contain immunization records, measurements; yearly health screening results, regularly scheduled examination results, medical test results, medication records and any other information pertinent to the health maintenance of an individual student.
2. All health records shall be confidential and kept separately from student academic records. Medical records shall be kept in a locked container in the school nurse's office. Pertinent medical information shall only be divulged on a need-to-know basis when necessary for the health and wellbeing of the student. Student health information can also be shared with a licensed health care provider at the request of the parent or guardian.
3. Upon entrance into school for the first time the Muhlenberg School District shall require that parents/guardians complete a comprehensive medical history report form. This form shall be maintained in each student's individual medical record.
4. Annually, parents and guardians shall be required to complete an abbreviated medical history report form that includes information regarding known communicable diseases.
5. The school nurse will review all student medical records annually for changes in student medical conditions.

D. Documents and Information

See the attached forms or go to the Muhlenberg School District website to download the forms.

Established: 1/11/2012

Muhlenberg School District
Health History

THIS INFORMATION IS CONFIDENTIAL AND WILL BE SEEN ONLY THE BY THE HEALTH SERVICES STAFF.

Student Name _____ Date of Birth _____

Form completed by _____ Date _____

1. Did your child experience any problems or delays as a baby? No Yes
What were they? _____

2. Has your child been in good health in the past year? No Yes
If no, please explain _____

3. Has your child had any of the following:
a. any illness lasting more than three (3) days No Yes
b. any severe injuries or accidents No Yes
c. any broken bones No Yes
d. any sprains or strains No Yes
e. any time in a hospital No Yes
f. any operations No Yes

If yes to any of the above, please explain:

4. Name of family doctor _____
a. Is your child under the care of a physician or clinic now? No Yes
b. Is your child taking any medications now? No Yes

If yes to either of the above, please explain:

5. Is your child allergic to anything? (medicine, food, insect bites/stings) No Yes
What? _____
Type of reaction _____
What do you do to treat the reaction? _____

(OVER PLEASE)

6. Have you noticed that your child has any of the following problems?

a. has trouble with eyes or seeing	No	Yes
b. has begun to wear glasses or contact lenses	No	Yes
c. has trouble with ears or hearing	No	Yes
d. has trouble with allergies	No	Yes
e. has trouble with asthma or breathing	No	Yes
f. has trouble with eating or with weight gain or loss	No	Yes
g. has trouble with sleeping	No	Yes
h. has trouble keeping up with the activities of his/her friends	No	Yes
i. has trouble with class work	No	Yes
j. has trouble with school	No	Yes
k. has trouble with family	No	Yes
l. has problems with general development and maturity	No	Yes
m. had any problems with their blood	No	Yes
n. had any seizures, convulsions, or fits	No	Yes
o. had any fainting spells	No	Yes
p. has any problem with stomach or digestion	No	Yes
q. has any skin problems	No	Yes
r. has any problem with headaches	No	Yes
s. has any heart problems	No	Yes
t. has any emotional/social issues or concerns	No	Yes

If yes to any of the above, please explain:

7. Has your child seen a dentist in the past year? No Yes

8. a. Has your child had any immunizations (shots) in the past year? No Yes

If yes, what shots? _____ When? _____

b. Has your child had the chickenpox (varicella) shot or disease? No Yes

c. Has your child had the Hepatitis B vaccine? No Yes

9. Do you think your child is fit to participate in all sports, athletics, recess and gym?

No Yes

If No, please explain:

10. Do you have any concerns regarding your child, which you would like to discuss with the school nurse?

No Yes

Children in all grades (K-12) are required to have the following immunizations for school attendance by August 1, 2011:

PENNSYLVANIA SCHOOL IMMUNIZATION REQUIREMENTS

IMMUNIZE -
It's a matter of love

Children in **ALL** grades (K-12) need the following **Immunizations for attendance:**

- 4 doses of tetanus*
(1 dose on or after 4th birthday)
- 4 doses of diphtheria*
(1 dose on or after 4th birthday)
- 3 doses of polio
- 2 doses of measles**
- 2 doses of mumps**
- 1 dose of rubella (German measles) **
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox)
or evidence of immunity

**7th Grade ADDITIONAL
immunization requirements for entry:**

- 1 dose meningococcal conjugate vaccine (MCV)
- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) (if five years have elapsed since last tetanus immunization)

* Usually given as DTaP or DT or Td

** Usually given as MMR

The only exemption to the school laws for immunizations is:

- medical reasons
- religious beliefs

If your child is exempt from immunizations, he or she may be removed from school during an outbreak.

VACCINE SAFETY

- Vaccines are held to the highest standard of safety
- The United States has the safest, most effective vaccine supply in history
- Vaccines are continually monitored for safety and effectiveness

Pennsylvania's school immunization requirements can be found in
28 PA Code Ch.23
(School Immunization)

Contact your healthcare provider or the Pennsylvania Department of Health at
1-877-PA-HEALTH (1-877-724-3258)

Vaccine information can be found at:
www.cdc.gov/vaccines

