

REQUIREMENT FOR REGISTRATION IN THE FAIRFIELD PUBLIC SCHOOLS

Dear Parent or Guardian,

The following are health requirements for students entering preschool, kindergarten, or transferring into other grades. These requirements conform to state law and Fairfield Board of Education policy. Please contact your child’s school nurse if you have questions or if you need further information.

Immunizations

A complete immunization record must be presented before a child enters school. For all students, this record must show date of adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis (initial series plus booster given on or after the fourth birthday), Varicella, Hepatitis B vaccine, and against Measles, Mumps and Rubella. Additionally, adequate immunization must be shown for the following:

Hib	1 dose given on or after the first birthday for students under five years of age.
Pneumococcal	1 dose given on or after the first birthday for students under five years of age who were born on or after January 1, 2007 and are enrolled in Pre Kindergarten or Kindergarten, on or after August 1, 2011.
Hepatitis A	2 doses for all students born on or after January 1, 2007 who are enrolled in Pre Kindergarten or Kindergarten, on or after August 1, 2011. First dose given on or after the first birthday.
Influenza	1 dose for students under five years of age enrolled in pre school. Vaccine should be administered annually between August 1 and December 31 st . Individuals receiving the vaccine for the first time require two doses.
Measles, Mumps, Rubella	2 doses for all students enrolled in Kindergarten through 12. First dose given on or after the first birthday.
Varicella	2 doses for those enrolled in Kindergarten or 7 th grade. First dose given on or after the first birthday.
Tdap	1 dose for those enrolled in 7 th grade.
Meningococcal	1 dose for those enrolled in 7 th grade.

Under certain circumstances, proof of immunity based upon specific blood testing or disease certification is acceptable in lieu of immunization. For further information, contact the school nurse.

Connecticut state statutes permit exemptions from receiving immunizations if vaccination is medically contraindicated and such contraindication is certified by a physician and is in accordance with the provisions of state law, *or* if such immunization is contrary to the religious beliefs of the child and there is parent/guardian statement to that effect. A written statement is needed. For further information, contact the school nurse.

Health Assessments (Physical Examinations)

A complete health assessment done by a physician or osteopath licensed to practice in the United States, or by an advanced practice registered nurse, registered nurse, or Physician’s Assistant licensed to practice in Connecticut, must be presented to the school before a child enters school. A State of Connecticut Health Assessment form is provided by the school to be completed when your child receives the required health assessment. All required information must be completed before the health assessment may be accepted.

For students entering preschool and kindergarten, the health assessment must have been done on or after August 15 of the school year preceding entry into these grades. For older students, the health assessment must have been done as recently as the last required health assessment for the student’s grade level. The school nurse will inform you of the acceptable time frame for your child’s health assessment.

Tuberculin Tests

Health assessments required prior to initial entrance into a Fairfield school shall include evidence of a Mantoux tuberculin skin test performed after most recent entry into the United States for students entering school in Fairfield from a country with a high prevalence of tuberculosis. In addition, health assessments done on or after August 15th, 2005 shall include documentation of the student’s risk of exposure to tuberculosis. Any student determined to be at high risk shall receive a Mantoux tuberculin skin test performed in the United States as part of the required health assessment. For further information, contact the school nurse.

ACKNOWLEDGEMENT

I have received and read the above requirements. I understand that my child shall not be permitted to register for or attend school until such time as the requirements are fulfilled.

_____	_____	_____
Parent Signature	Date	Home Phone
_____	_____	_____
Student’s Name	Grade	School